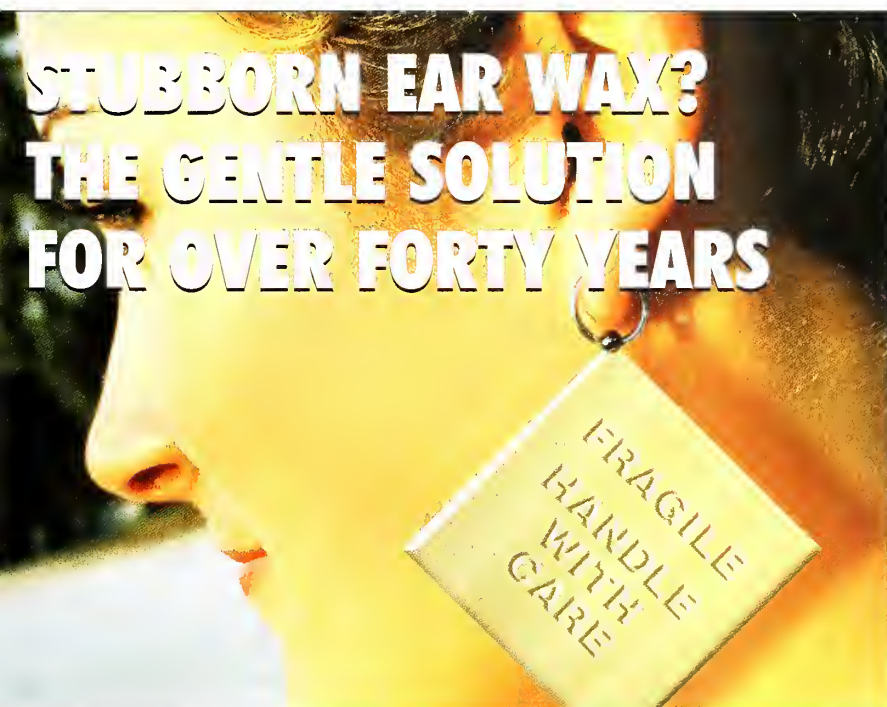


22 March 2003



For more than forty years, Cerumol has been coming to the aid of people with problems caused by excessive ear wax.

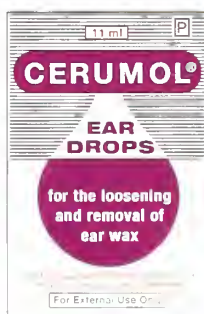
When wax builds up in the ears and especially when it becomes hard and impacted, deafness, ringing in the ears and earache can follow.

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New Charter puts public interest first

Dorset makes an Impact with new contract

Depot boosts Mawdsleys expansion plan

Looking good, feeling better with cosmetics





CROOKES
HEALTHCARE

Prescribing Information

Balneum is an oily liquid for external use containing soya oil 84.75% w/w. Uses: For the treatment of dry skin conditions such as eczema and dermatitis. Do not

and administration Adults: For full bath (~100L) 20ml measure. For partial bath (~50L) 20ml measure. For child's bath (~25L) 5ml = 1.4 measure. For very dry skin, 2-3 the above quantities can be used. Add to bath water. Generally,

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Contra-indications, warnings etc: Contra-indicated in patients hypersensitive to any of the ingredients.

Take care not to slip. Avoid contact with eyes; if this occurs rinse immediately with water.

Undesirable effects: None known. Package quantities: 200ml, 500ml and 1 litre bottles. Baste NHS cost: 200ml £2.79,

500ml £6.96, 1 litre £10.66. Legal category: GSL.

Product licence number: PL 003276109. Product licence holder: Crookes Healthcare Ltd, Nottingham.

NG2 3AA. Date of preparation: February 2003. CHCSK02-153c



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Society publishes draft Charter 4

Following its announcement last week that the current Charter is out of date (*C&D*, March 15, p6), the Royal Pharmaceutical Society this week published a draft of its new version

Dorset braced for IMPACT 5

Pharmacists in Dorset are gearing up for a re-launched local contract, IMPACT, which aims to encourage a range of service provision subject to local needs



No U-turn on new GP contract 6

Government ministers are refusing to renegotiate the new GP contract, despite widespread unease among GPs over its terms. Dr John Chisholm (left), BMA General Practitioners Committee chairman, said the new contract aims to reward practices offering quality rather than penalise them

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A House of Commons debate on the OFT's report into pharmacy saw wide support for the current regulations from the three main political parties

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RPSGB

Draft of RPSGB Charter issued

The Royal Pharmaceutical Society has published a draft of its new Charter after announcing last week that the current Charter is out of date (*C&D*, March 15, p6).

The document, along with a table of comparisons with the current Charter and explanatory notes, has been posted on the Society's website. But the Society is keen to stress that it is "only an indicator of how things could look" and is urging members to "consider whether there is anything the Society currently does, or that it should be doing, that the draft Charter will not allow it to do".

In total, the comparisons table brings 34 areas to the attention of members. Key changes proposed in the draft Charter include:

- a strengthening of the Society's regulatory stance – the existing objective, "to maintain the honour and safeguard and promote the interests of the members in their exercise of the profession", is replaced in the draft document with "consistent with the public benefit ... to promote the competence and interests of members of the Society"
- making explicit that the Society ensures its activities are in the public interest – the existing objective "to advance chemistry and pharmacy" is replaced in the draft document with "for the public benefit, to advance knowledge of, and



The current Charter: members are asked for views on its successor

education in, pharmacy"

- pharmacists would not be entitled to a share of the Society's assets if it were dissolved – the draft document says that, on the winding up or dissolution of the Society, any remaining property or funds "shall not be distributed amongst the members of the Society" but shall instead be "given or transferred to some other body with objects deemed to be sufficiently similar to those of the Society"
- membership will be widened to include non-pharmacists
- the current provision for a Scottish Department is to be replaced with powers allowing the Society to "establish, dissolve and regulate any form of geographical or other subdivision of the Society"
- the requirement, which states that alterations to the Charter

Referendum or consensus?

A referendum on the contents of the proposed new Charter will not be held. Instead the Society is only interested in "the arguments for and against", according to RPSGB president Marshall Davies.

"If you go to the Privy Council on the basis of 'yes or no', [then] I suspect that may not satisfy them. If there are reasoned arguments which come forward, which are powerful arguments, then the Society [and] the Council will need to take them into account," he said.

"We're not looking to say 'look chums this is what we've decided in Council, here's the new Charter and say yes or no'. That will not get us to where we want to be."

(See also p16-17)

must be approved by 75 per cent of those present and voting at a general meeting, is to be changed to require approval by two-thirds only.

Comments on the draft proposals should be sent by e-mail to the RPSGB's modernisation project manager Christine Gray at cgray@rpsgb.org.uk by April 22.

For more information:
www.rpsgb.org.uk

RPSGB

SGM fails to materialise

The Royal Pharmaceutical Society says that it has not received a request for a special general meeting despite a contrary report in a locum newsletter published last week.

The Pharmacy Insurance Agency's circular stated that a special general meeting of the Royal Pharmaceutical Society "has been called by the membership", however, a Society spokesman confirmed that no written request has yet been received.

PIA director Mark Koziol could not be contacted to confirm the story, which claimed that the SGM was called to address concerns about the way the Society's modernisation process had been handled.

RPSGB

Reform gets Welsh airing

Representatives of the Royal Pharmaceutical Society have met with the Welsh health minister Jane Hutt to outline plans for the Society's reform.

The matter of devolution was among items discussed. Although regulation of the profession has not been devolved from Westminster and the Society will be accountable to the Westminster parliament, the minister was told there is recognition that both the Welsh Assembly Government and the Scottish Parliament have health policy responsibilities and are developing their own strategies and priorities.

POLITICS

Lammy indicates pharmacy support

David Lammy has given the clearest hint so far that the Department of Health will oppose the OFT on opening pharmacies up to free market competition.

The health minister said the OFT report had to be weighed against the Government's plans for expanding the role of community pharmacists under its modernisation of the NHS.

On Tuesday, he told MPs: "Community pharmacists provide

a valuable service in local communities. It is right we consider these proposals against our wider policy objectives in the Department of Health for community pharmacists."

He was responding to an attack on the OFT report by Andy Burnham, the Labour MP for Leigh, who warned it would add to the toll of services that had been closed in villages and towns he represented. "We have lost banks and Post Offices. We do not



David Lammy: lobbied from all sides

want to lose community pharmacies," he said.

Mr Lammy admitted to the

pressure he is under from the majority of MPs who are opposed to the OFT report. "I cannot be the minister for pharmacies at the moment and go through the division lobby without being lobbied by nearly every MP on this matter," he said.

The Government had 90 days to consider the report and would not issue a response until then, but health ministers are expected to urge the Department of Trade to turn down the report.

EXCLUSIVE

Co-op trials SOPs

United Co-op Pharmacy Group is to trial four standard operating procedures for a month before rolling the programme out nationally.

The SOPs, launched at its recent company conference, cover prescription reception and validity, safety and clinical appropriateness, assembly and labelling of the required medicine or product and the dispenser's check. These are to be sent to branch managers on average once a month where they can be altered for local variations.

Other initiatives discussed included the 'Collect direct' prescription collection service and pharmacy manager training.

Speaking at the conference, Mike King, PSNC head of professional and LPC services, said that helping PCTs to deliver on their key objectives was a sure-fire way of getting a positive reaction for a proposed project. "There is so much happening... it's simply a case of being and staying involved."



The United Co-op Pharmacy Group's conference – named Making a Difference, or MAD '03 – took place at the Reebok Stadium in Lancashire. Pictured are United Co-operative Healthcare Group's general manager John Nuttall and PSNC's head of professional services and LPC support, Mike King. He urged continued activity in the fight against the OFT recommendations, hinting that a possible outcome could be "a middle ground between control of entry as we know it today and a system with an element of control, with competition injected into it, which will be to the benefit of all"

CONTRACT

Dorset set to make big IMPACT

Dorset pharmacists will be signing up to a re-launched local contract which may help shape the new national pharmacy contract.

Coming into place in April, IMPACT has been agreed by the five Dorset PCTs and the LPC.

The contract encourages a range of service provision subject to local need, as well as making pharmacy support staff training, with an annual appraisal, part of the accreditation process.

Participating pharmacies will be expected to run an annual 'have our say' survey allowing patients to inform service priorities. In addition to this, health promotion will be a compulsory element of IMPACT.

Safeguards include that:

- the person(s) specified in each contract must be able to demonstrate competence with the standards in the service specification

- at least one of the people specified in the contract must be on the premises when the service is being provided

- participating pharmacists must demonstrate their commitment to continuing professional development through a logbook or portfolio as well as completing a minimum of 30 hours agreed postgraduate education each year
- staff training will be to NVQ level 3 or equivalent for dispensers and NVQ level 2 for medicines counter assistants.

In addition, participating pharmacies will be required to have, as a minimum, systems in place for recording errors and near misses which have occurred.

Premises suitability will be dependent on a range of criteria, from simple cleanliness to floor

Other paid services, which will be provided depending on local need, are:

- provision of compliance aids reviewed by the pharmacist
- supervision of drugs such as methadone
- provision of out-of-hours palliative care drugs
- issue of drugs such as

plan and the provision of a confidential counselling area.

Locum pharmacists will be able to provide IMPACT services, but it is a requirement that all members of the pharmacy team must read the contract pack and that all staff, including locums, have access to the document.

The new-look contract shifts the emphasis from accreditation of pharmacies to the provision of local contract services by accredited pharmacies, said Dorset LPC secretary Roger King.

"For the first time it recognises that dispensers, technicians and medicines counter assistants have

a role to play in the provision of services, and training will be provided for them as required.

Mr King said that much of the credit for the document must go to Sue Martindale, pharmaceutical advisor to South & East Dorset PCT. However, the working party consisted of all five pharmaceutical advisors and five LPC members.

"Dorset LPC has established excellent working relationships with all PCTs, having appointed three-person sub-committees to each area," he said. These sub-committees meet at the PCT offices together with the PCT pharmaceutical advisor and any other officers, such as finance or operations, who may have an interest in the meeting.

"While decisions taken at such meetings are not binding on the LPC, a mechanism is in place to ensure prompt responses to PCT requests. The results have been most encouraging to the extent that all PCTs now have pharmacy services high on their agenda."

rifampicin and ciprofloxacin for chemoprophylaxis.

- provision of advice to registered care homes.

Payment ranges from £77 per health campaign, up to four a year, to £1.50 per supervised dose for each patient admitted to the supervised medicine consumption scheme.

Pharmacists show their sensitivity

Community pharmacists can make a difference by providing effective interventions on sensitive health issues, say the RPSGB and PharmacyHealthlink.

Advice and services such as the supply of emergency hormonal contraception, head lice management and drug misuse services are well-received by pharmacy users and are rated highly by health professionals such as GPs and school nurses, according to a new report, *The contribution of community pharmacy to improving the public's health*.

The report, the second of three, also confirms that the public's experiences of using a pharmacy are generally more positive than its prior perceptions, although customers do have concerns about privacy and confidentiality.

Ministers stand their ground despite GP contract unrest

Government ministers are standing firm on the new GP contract and are refusing to renegotiate, despite widespread unrest among GPs over its terms.

In the meantime, the BMA and the NHS Confederation have suspended the GP ballot – due to close on April 11 – until they can investigate GPs' claims that practices will lose money under the new contract, and come up with some solutions.

Calling the derailment of the GP pay negotiations a setback, Mike King, PSNC's head of professional development and LPC services, said he hopes the GP negotiations will get back on track.

"The General Practitioners Committee is very keen to work with community pharmacists as a way of reducing their workload



Dr Chisholm: the intention of the new contract is to reward practices that offer a quality service

in terms of minor ailments," he said.

"Although this is a good opportunity to work with GPs, there is still scope for pharmacists

to get involved with minor ailment work, even if the contract is delayed."

GPs raised the alarm over the terms of the new contract when they received individual figures to help them estimate potential new incomes. Almost half found they would be worse off.

Two-fifths of GPs say the new contract would not encourage them to continue in practice and 43 per cent feel the new contract will also not benefit patients, according to research by independent healthcare market research agency, Isis.

Dr John Chisholm, BMA General Practitioners Committee chairman, said: "The intention of the new contract is to reward practices that offer a quality service to patients, not to penalise them."

Pharmacy student numbers on the rise

The number of pharmacy students increased by 258, or 15 per cent, over the four years to 2001, a health minister has said.

There was also a 26 per cent increase over the same period in pharmacists employed in the NHS, taking the figure to 10,630. However, health minister John Hutton has emphasised that the

Government is keen to see more pre-registration places in the hospital sector: "Over 550 were planned for 2002-03, at least 60 per cent more than were available 10 years ago," he said last week.

Mr Hutton was responding to Jim Cunningham MP who had asked what steps were being taken "to increase the number of people

becoming qualified and taking up pharmacist roles".

The minister added: "Community pharmacy employers have also taken some action. Some pharmacy multiples have taken pro-active steps to increase staffing, eg recruiting pharmacists from abroad and by moving staff around."

NCC launch of depression initiative

National Co-operative Chemists will pilot a mental health medicines management initiative once it receives ethics approval.

The programme, which has been developed with GlaxoSmithKline, is called 'Pharmacist to Patient' (P2P) and tackles concordance issues for patients taking antidepressants.

Initially, pharmacists trained in managing patients with depression will assess the viability of the support materials developed for the programme. Once approved, the NCC says that pilots will be rolled out in some of its pharmacies in South Wales.

Questiontime

in association with



UniChem

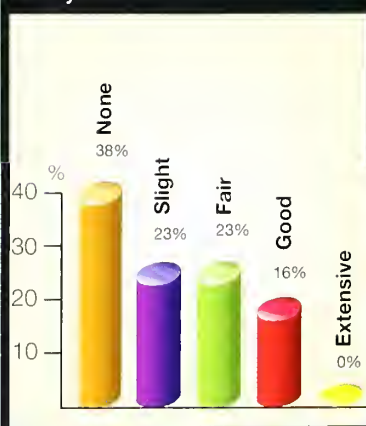
Last week we asked you: "The RPSGB is to consult on modernising its Charter. What level of awareness do you have about the Charter's role in governing the profession?" You replied (see right):

This week's question: Pending an expected post-war Government reshuffle, would you like to see David Lammy MP stay as minister with responsibility for pharmacy?

Yes No
Don't mind Don't know

You can record your vote on our website: www.dotpharmacy.com. You have until noon on March 25 to cast your vote. We will publish the results in C&D, March 29.

What you told us



RETAILING

Product recall

Crookes Healthcare is recalling E45 Sun Block SPF50 (150ml) with batch number LOT 1LL and a 'use before' date of 03/2004. This is due to reports of separation of the product. This recall applies only to this batch of SPF50; other SPF's are unaffected.

INFORMATION

E45 Cream is a white smooth emollient cream containing white soft paraffin 14.5% w/w, light liquid paraffin 12.6% w/w and hypoallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Adults, children and elderly. Apply to the affected part two or three times daily.

Contra-indications: E45 Cream should not be used by patients who are sensitive to any of the ingredients. **Undesirable effects:**

Occasionally, hypersensitivity reactions, otherwise adverse effects are unlikely, but should they occur, may take the form of an allergic rash.

Should this occur, use of the product should be discontinued. **Package quantities:** 50g tube, 125g and 500g tubs.

Basic NHS cost: 50g £1.18, 125g £2.39, 500g £5.61. **Legal category:**

GSL. **Product licence number:** PL 0327/5904.

Product licence holder: Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of preparation: November 2002.

References:

1. Recommendation volumes, Counterpoint, May 2001. 2. Skincare Usage and Awareness Study. Taylor Nelson. Date: 26 September 2001. 3. Prescription volumes. IMS MID, MAT.

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can make eczema management more simple. Not only is E45 the preferred
m for dry skin and eczema among pharmacists and pharmacy assistants,¹
patients² and doctors³ agree with you too. **It's the No.1 dry skin brand.**

MPs support community pharmacy

A debate in the House of Commons on the OFT's report into pharmacy showed wide support for the current regulations from the three main political parties.

The adjournment debate, introduced by Anthony Steen, MP for Totnes, was held in Westminster Hall on March 12 in the presence of health minister, David Lammy.

Mr Steen, Conservative, began by saying: "The Office of Fair Trading proposals are not deregulatory: they are more about competition and price considerations. I cannot believe that the progressive closure of neighbourhood pharmacies will fit into the Government's aims of social inclusion, urban renaissance and sustainable development."

Mr Patrick McLoughlin, Conservative, West Derbyshire, said: "If the Government accepts the report, it will be doing to community pharmacies exactly what it has done to our rural post offices. It will be seen as yet another nail in the coffin of

village life and local shops."

Dr Howard Stoate, Labour, Dartford, and chairman of the All-Party Pharmacy Group, said: "We are only just beginning to tap the role of pharmacists. They have huge expertise as they are highly qualified and dedicated. They do an enormous amount for the NHS and we must ensure that is not damaged."

Linda Perham, Labour, Ilford North, said: "Community pharmacists are not afraid of competition. For many years two pharmacies have been practising successfully opposite the health centre in my constituency and another, closer to where I live, is just 10 or 15 minutes' walk from those two. As the secretary of state said at the Labour party conference in October, pharmacists are clinicians, not shopkeepers. I would say that they are not retailers but rigorously trained professionals."

Dr Evan Harris, Liberal Democrat, Oxford West and Abingdon, said: "Throughout, the report refers to the people



Howard Stoate: "We are only just beginning to tap the role of the pharmacist"

who rely on pharmacies as consumers. Many of us are concerned about the increasing re-definition of patients as consumers. Not all consumers and their interests should be considered equally.

Chris Grayling, Conservative, Epsom and Ewell, said: "In many places, the local pharmacy is the

anchor store on a small parade. Its disappearance will cause not only a reduction in local services but will kill other businesses. It is interesting that policy planning guidance six sets out to protect the local pharmacy and post office as an important part of the fabric of those local centres. In many ways, it seems, the OFT is arguing against established Government planning policy, and the Government should think carefully before it goes against its own planning policy."

David Lammy thanked the backbenchers for their contributions. He confirmed that, if the Government accepted the report's recommendations in full, primary legislation would be required. He encouraged all MPs to make their views known and assured them the Government is taking the report seriously.

● The Health Committee will undertake a one-day inquiry on April 3 into the possible impact of the OFT report on community pharmacy services, said Mr Lammy.

POLICY

RPSGB carries on OFT battle

The Royal Pharmaceutical Society has taken the Office of Fair Trading battle straight to the Health Select Committee.

In a letter to the Committee, the RPSGB details its concerns about the report's limited consideration of the NHS plans for pharmacy in England, Scotland and Wales.

It points out that all three plans aim to use the community pharmacy infrastructure as a platform to deliver local clinical services for the NHS.

It adds that basing distribution on commercial drivers could disadvantage vulnerable groups and exacerbate the current shortage of pharmacists and support staff.

The Society's head of practice, Nigel Graham, said: "The Society disagrees with the OFT assumption that the best driver for the development of community pharmacy would be commercial competition."

POLICY

Glasgow on massive anti-smoking drive

NHS Greater Glasgow mounted its biggest-ever drive to help local smokers quit this year, including printing 'begging letters' for children to give to parents asking them to stop smoking.

One of the main activities in Glasgow last week was a day-long event at St Enoch Centre to promote the wide range of help and advice available at local pharmacies. This includes access to free or low-cost nicotine replacement therapy patches on the NHS directly from pharmacies – without the need to go to a doctor or nurse for a prescription.

A team of pharmacists trained in smoking cessation were available to deliver specialist advice throughout the day, referring clients to community pharmacies for continued support closer to home.

Quitters' packs were also handed out along with lists of pharmacies participating in the direct supply scheme. A total of £10,000 worth of promotional items, including balloons, T-shirts, umbrellas, leaflets and



Glasgow pharmacist Duncan Hill with Greater Glasgow Health Board health promotion officer Linda Morris

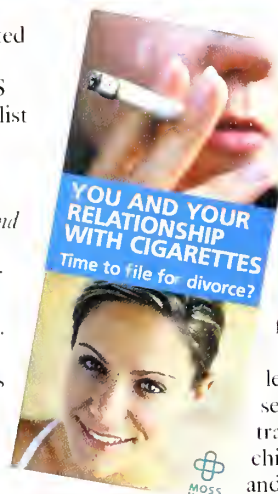
stickers, is being distributed throughout the area by Smoking Concerns, NHS Greater Glasgow's specialist tobacco project.

● Moss Pharmacy has launched an in-store information leaflet *You and Your Relationship with Cigarettes. Time to File for Divorce?*, the first in its 'Health Today' campaign. This aims to raise awareness of health issues facing today's society.

The leaflet, sponsored by NiQuitin CQ, explains why people

start smoking, the components of cigarettes, the dangers of smoking, and a guide to the physical and mental enablers that help smokers quit for life.

Other planned leaflets include sexual health, travel health, children's health and women's health



Coming soon!

- Don't miss the new-look *Over the Counter*
- The pharmacy assistants' favourite read is now even better
- The prescription: the same superb mix of news, features and product information

Plus:

- ✓ A smart, new layout (and more)
- ✓ A fabulous new Beauty Counter section
- ✓ Special awards competitions and giveaways
- ✓ The dose to help you grow your pharmacy business and make sure you pass it on to the next
- ✓ It will be delivered with *CD* on March 25



DON'T MISS IT!

New depot for Mawdsleys as number of lines rises

Independent wholesaler Mawdsleys is to move into a bigger depot in Sheffield in a multi-million pound expansion that also sees it increase by a quarter the number of lines on offer.

The 60,000sq ft purpose-built premises, which take over operations from the Darnell site in Sheffield in the late summer, will house new intelligent

conveyor/picking systems and racking that enables "major efficiencies in order taking, picking and delivery", said Mawdsleys operations manager Mike Howard. Old and new depots will run simultaneously for a period, minimising inconvenience for customers.

The new depot will also distribute more than 20,000 separate product lines to

independents across Yorkshire, Humberside, Nottinghamshire and surrounding areas, and will employ a team of over 80.

Mawdsleys currently has three other depots in Salford, West Bromwich and Milton Keynes. This latter opening in 2001 formed part of a corporate five-year plan to expand into new geographical areas.

FINANCE

Safe haven in Pharma?

Pharma stocks could prove a safe haven investment in the event of a long war in Iraq, analysts reveal.

However, investors should not expect them to massively outperform the market as a general dearth of pipeline drugs and increasing generic competition will continue to dampen the sector's performance, Martin Herholdt of Barclays Stockbrokers has warned.

Equity markets in the USA and Europe picked up on Monday as a start to hostilities was announced.

WHOLESALE

Record profits for Gehe 2002 – but growth could slow

Gehe, the German-based European pharmaceutical distributor, posted record profits for 2002 but is anticipating below average market growth of about 5 per cent for 2003.

In 2002 the group boosted profits before tax by 17.6 per cent to a record €343.6 million. Net profits were up 19 per cent over 2001 to €239.6m.

The group, which operates the AAH Pharmaceuticals and Lloydspharmacy businesses in the UK, achieved a turnover of €18.4 billion, an increase of 8.3 per cent over the same period the previous year.

However, when releasing figures from its balance sheet last week Gehe said the second half of 2002 was characterised by a slowing down of market growth in some European markets, principally France, Germany and the UK.

The group put in place a new structure at the beginning of 2002, coupled with a share issue to allow it to focus on wholesale and retail activities.

Mike Ward, retail director, said

Gehe's retail operations are now reaching critical mass in many European countries other than the UK.

Three out of the four new retail markets in which Gehe has been operating since 2001 made a positive contribution to group profit after the costs of financing acquisitions. Profit before tax on retail activities rose 41 per cent to €78.5m, ahead of expectations.

Turnover in Norway has reached €320m and in Italy, where the group has taken over municipal operations in Milan and Bologna, €185m. There has been substantial growth through acquisition in the Irish Republic and the Netherlands – turnover in both countries stands at €70m.

A further 150 acquisitions to the retail portfolio are anticipated in the coming year. Mr Ward said Lloydspharmacy is still under-represented in Northern Ireland despite the purchase of 25 stores last year. Retail operations in the UK turned over €1,837m in 2002 (2001 €1,868.2m).

Profit before tax on wholesaling operations across the group rose



Mike Ward: retail operations reaching 'critical mass'

by 12.6 per cent to €269.9m. UK wholesale operations saw turnover rising from €3,123.4m in 2001 to €3,193m in 2002.

However, the 2002 figures are effectively reduced by 5 per cent because of the inclusion of Smithkline Beecham medicines into the GSK agency scheme following the Glaxo-SB merger. If GSK products are included growth is around 8 per cent.

The resolution of the Office of Fair Trading's proposal to remove opening restrictions on

pharmacies is the major issue facing AAH and Lloydspharmacy in the UK, said Mr Ward. For a second year the OFT's inquiry is distorting the market.

Mr Ward said that Lloydspharmacy is well positioned to take advantage of any deregulation, although it does not support the OFT's recommendation. It owns a third of all health centre pharmacies in the UK, and has a growing operation which designs and builds health centres.

It is no surprise that Scotland and Wales have rejected the OFT report, said Mr Ward. "In areas with rural communities the OFT is putting patients at risk. The OFT has shown that access to pharmacies across the UK is exemplary."

He said there are statistical flaws in the OFT figures relating to supermarket pharmacies, but added that the current control of entry regulations do need streamlining.

For more information:

www.gehe.de

Tel: +49 (0) 711 5001 00.

Procter & Gamble turns heads with Wella buyout

Procter & Gamble has ended speculation about a possible takeover of Wella by buying a 77 per cent controlling interest in the German haircare company.

And, as part of the €3.2 billion cash deal with the firm's family shareholders, the USA consumer giant has also signalled its intention to make a tender offer

for the remaining voting and preference shares, valued at €5.4bn.

P&G chief executive Alan Lafley said: "By bringing these complementary businesses together, we create significant opportunities for top and bottom line growth in haircare."

Wella's professional business

has averaged double-digit sales growth over the past three years – well ahead of the annual industry growth of about 5 per cent.

Wella's management said it respects the family owners' decision to sell but added that it could still advise minority shareholders not to accept the offer. It said the deal was not

necessary from a business perspective.

Henkel, meanwhile, which acquired a 6.86 per cent stake in Wella just one week before the P&G announcement, is said to stand to make a handsome profit from its holding. At the time, Henkel described its investment as "interesting".



team

from the UK's leading manufacturer of solid dose generic medicines.

Scoring against hayfever is our new generic Loratadine range (each tablet contains 10mg loratadine and each 5ml syrup contains 5mg loratadine).

A great result for you and your customers.



Product Name	Loratadine 10mg Tablets	Loratadine 5mg/5ml Syrup
Legal Category	P	P
Strength	10mg	5mg/5ml
Pack Size	7	100ml
List Price	£2.20	£7.57
Indications	£7.57	£7.57

Relief of symptoms associated with seasonal and perennial allergic rhinitis, such as sneezing, nasal discharge and itching and ocular itching and burning. Relief of symptoms associated with idiopathic chronic urticaria. Syrup only: In children over 2 years of age, relief of symptoms associated with seasonal allergic rhinitis, such as sneezing, nasal discharge and itching and ocular itching and burning. The relief of symptoms associated with allergic skin conditions such as idiopathic urticaria.

ALPHARMA
Making medicine accessible

Alpharma Limited, Whiddon Valley, Barnstaple, Devon EX32 8NS
Tel: 01271 311 200 www.accessiblemedicine.co.uk

Abbreviated Prescribing Information

Name: LORATADINE 10mg Tablets and LORATADINE 5mg/5ml Syrup. **Active Ingredients:** Each tablet contains 10mg loratadine and each 5ml syrup contains 5mg loratadine. **Indications:** Relief of symptoms associated with seasonal and perennial allergic rhinitis, such as sneezing, nasal discharge and itching and ocular itching and burning. Relief of symptoms associated with idiopathic chronic urticaria. Syrup only: In children over 2 years of age, relief of symptoms associated with seasonal allergic rhinitis, such as sneezing, nasal discharge and itching and ocular itching and burning. The relief of symptoms associated with allergic skin conditions such as idiopathic urticaria. **Dosage & Administration:** For oral use. Tablets: Adults, the elderly and children 12 years of age and over: One 10mg tablet once daily. Syrup: Adults, the elderly, and children 6 years of age and over: 10ml syrup once daily. Children 2 to 5 years of age: 5ml syrup once daily. **Contraindications:** Hypersensitivity to loratadine or any of the other product ingredients. **Special Warnings & Precautions:** Tablets: none known. Syrup: safety and efficacy of Loratadine in children less than 2 years of age has not been established. **Interactions:** No potentiating effects were seen when alcohol was co-administered with loratadine as measured by psychomotor performance studies. As loratadine is metabolised by the hepatic cytochromes P450 3A4 and 2D6, concomitant therapy with drugs which inhibit or are metabolised by either system may elevate plasma concentrations of either drug and adverse reactions might result. Cimetidine, which inhibits both these

increase loratadine concentrations, although no clinical or electrocardiographic adverse effects were observed. Other known inhibitors of the hepatic cytochromes P450 3A4 or P450 2D6 include quinidine, fluconazole or fluoxetine. As antihistamines may prevent or diminish otherwise positive reactions to dermal reactivity indicators, loratadine tablets and syrup should be discontinued about four days prior to skin testing procedures. **Pregnancy & Lactation:** Pregnancy: Loratadine should not be administered during pregnancy. There is no experience of the use of loratadine tablets or syrup in human pregnancy. Loratadine was not teratogenic in animal studies, but at high doses some embryotoxic effects were observed. Lactation: Since loratadine is excreted in breast milk it should not be administered to lactating women. **Effects on ability to drive or operate machines:** None known. **Undesirable Effects:** No clinically significant sedative or anticholinergic properties. Adverse events such as fatigue, nausea, headache were reported rarely. Tachycardia and syncope have also been reported rarely though causality has not been established. Spontaneous adverse events reported rarely include: alopecia, anaphylaxis, abnormal hepatic function and supraventricular tachyarrhythmias. **Marketing Authorisation Holder:** Alpharma Limited, Whiddon Valley, BARNSTAPLE, N Devon, EX32 8NS. **Product Licence Number:** PL0142/0479 (Tablets); PL0142/0493 (Syrup). **Legal Category:** P, POM (Tablets); P (Syrup). **Basic NHS Cost:** pack of 7 tablets, £2.20; pack of 30 tablets, £7.57; pack of 100ml, £7.57. **Date of Preparation:** January 2003. For full prescribing information, go on our website www.accessiblemedicine.co.uk or write to us.

Norgine unwraps packaging plant

Norgine has opened a packaging plant at its Welsh manufacturing site as the latest part of an £8 million, six-year expansion programme.

The extension of the main plant in mid-Glamorgan aims to enable Norgine to boost in-house production of its gastrointestinal portfolio and to pave the way for its Movicol laxative to enter the US market by 2004.

However, this is the company's first experience of an FDA file

and, said managing director Peter Harsant, "it remains to be seen whether the application will stand up".

The past six years have also seen the workforce at the Hengoed plant grow from 99 to 227 and output rise to 11.4 million products a year. This is expected to rise to 14.82m this year.

The company credits the workforce and the Welsh Assembly Government and Development Agency for the expansion.

Coming Events

MARCH 24

Aberdeen and NE Scottish Branch

AGM at the Atholl Hotel, Kingsgate, 'buffet and booze', 7.30pm.

Crawley, Horsham and Reigate Branch, RPSGB

Deregulation of Pharmacies – what will it mean to you? with Alastair Buxton, PSNC, and Dilip Joshi, LPC, at the Post Graduate Medical Centre, Crawley Hospital, 7.30pm.

NICPPET

Specialist Medicines – The Red/Amber List, at the Fitzwilliam International Hotel, Antrim, 10am.

MARCH 25

NICPPET

Evidence-based management of upper gastrointestinal disease, at the Glenavon House Hotel, Cookstown, 7.30 for 8pm.

MARCH 26

NICPPET

Advanced Clinical Practice: Cardiovascular, at the Seagoe Hotel, Portadown, 10am.

MARCH 27

Weald of Kent Branch, RPSGB

Sexual Health, by Dr Janine Cooke, Clinical Director for family planning and Sexual Health, South West Kent Hospital, The Ramada Jarvis Hotel, Bexhill-on-Sea, 7.30 for 8.15pm.

MARCH 28

NICPPET

Pre-registration Practice Day, at the Holiday Inn Express, Belfast, 9am.

INDUSTRY

Pharmacists in UK rich list

Pharmaceuticals and cosmetics bosses currently account for four of Britain's 10 wealthiest Asians.

At second place in this year's Asian Rich List is Lornamead Group cosmetics company's Mike Jatania and family, valued at £570 million. The family replaces the Hinduja brothers who dropped out of the list this year.

Topping the poll for the third year running is steel magnate Lakshmi Mittal, who is valued at £1.31bn.

Vijay and Bhikhu Patel, who run the Waymade Healthcare pharmaceuticals company, are third at £350m. Necessity Supplies' Bharat and Ketan Mehta are in ninth place with £118m, and Navin and Varsha Engineer, who run Chemidex pharmaceuticals company, are in at 10 with £111m.

INDUSTRY

OGS chases new CAT bid

Oxford Glycosciences has backed out of its planned merger with the Cambridge Antibody Technology Group but is not inviting further attention from Celltech.

In an advisory note to shareholders, the OGS Board said that it continues to believe a merger with CAT represents the best alternative for OGS shareholders and will be seeking a revised offer from the company. A merger would enable OGS shareholders to benefit from continued participation in the

Red tape cut

The Department of Trade and Industry is planning to cut Sunday opening red tape. The proposal aims to remove the requirement for large retail shops to notify local authorities of their intention to trade and their opening hours. They do not affect length of opening times.

DTI plugs new working rights

The Department of Trade and Industry has launched an advertising campaign to raise awareness of new laws for working parents which come into effect from April 6 (C&D, Feb 8, p12).

PCL web service

Pharmacy Consulting Ltd (PCL) has launched a company website offering news and advice on business and professional issues. The site is designed to serve both community pharmacists and the sales and marketing teams of manufacturers and distributors.

For more information:

www.pharmacyconsulting.co.uk

Cardiff University/UWCM merger

Cardiff University and the University of Wales College of Medicine are to merge. The new Cardiff University, which already offered a joint pharmacology course with UWCM, becomes Wales's largest university.

Watch out for fires

Risk consultants are warning of the increased danger of fire during the continuing service dispute. Latest figures show there were 34,500 fires in 2001 – 4 per cent more than the previous year – in commercial and public buildings. The DTI advises businesses to be aware of possible delayed responses from the acting fire services during the action.

Abbreviated Prescribing

Information. Nicorette Patch.

Presentation: Transdermal delivery system available in 3 sizes (30, 20 and 10cm²) releasing 15mg, 10mg and 5mg of nicotine respectively over 16 hours.

Indications: Nicotine dependence and symptom relief in smoking cessation.

Dosage & Administration: Nicorette patches should not be used concurrently with other nicotine products and patients must stop smoking completely when starting the treatment. The recommended treatment programme should occupy 3 months. One Nicorette patch should be applied to a dry, non-hairy area of the skin on the hip, upper arm or chest in the morning and removed at bedtime. Application should be limited to 16 hours within any 24-hour period. Patients are recommended to commence with one 15mg patch daily for the first 8 weeks. Patients who have remained abstinent should then be supported through a weaning period, consisting of one 10mg patch daily for 2 weeks followed by one 5mg patch daily for a further two weeks. Patients should be reviewed at 3 months and if abstinence has not been achieved, further courses of treatment may be recommended if it is considered that the patient would benefit. Not for use by persons under 18 except under advice from a doctor.

Precautions: Peptic ulcer, angina pectoris, recent myocardial infarction, serious cardiac arrhythmias, systemic hypertension, peripheral vascular disease, diabetes mellitus, hyperthyroidism, phaeochromocytoma, recent cerebrovascular accident, chronic generalised dermatological disorders.

Contra-indications: Pregnancy & Lactation. If the patient cannot give up smoking without NRT then a risk benefit assessment should be made. Non-smokers, known hypersensitivity to nicotine or component of the patch.

Special Warnings: Rarely dependence. Erythema may occur. If severe or persistent, discontinue treatment.

Adverse Effects: Application site reactions (e.g. erythema and itching), headache, nausea, dizziness, palpitations, dyspepsia and myalgia.

Pharmaceutical Precautions: Do not store above 30°C. **Legal Category:** GSL. **Package Quantities & Cost** (all trade prices correct at time of printing): Cartons containing Nicorette patches in single sachets in the following quantities: Nicorette Patch 15mg (PL00032/0294) – packs of 7 (£9.07). Nicorette Patch 10mg (PL00032/0293) – packs of 7 (£9.07). Nicorette Patch 5mg (PL00032/0292) – packs of 7 (£9.07). **PL Holder:** Pharmacia Limited, Davy Avenue, Milton Keynes, MK5 8PH, UK. Tel. 01908 661101. **Date of Preparation:** October 2002.

nicorette[®]
nicotine
15mg patch for 16hr use

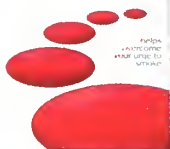
While your
customers are asleep,
so are their cravings.



That's why Nicorette Patch is
specifically designed to be taken off
at bedtime.

nicorette
15mg patch
nicotine

step 1



7
featuring the benefit of "the patch you take off at night" starts soon. So give your
customers Nicorette Patch and help them beat cigarettes one at a time.

Nicorette Patch is specifically designed to be taken off at bedtime, so the body gets a break. It's a
discreet, easy-to-use, once-a-day dose available in three strengths so your customers can gradually reduce
their nicotine intake. The new Nicorette Patch TV campaign

You're twice as likely to succeed with

nicorette

patch

Comment

from the Editor

The proposed new Charter for the governance of the profession has been put out for consultation among the membership. For some this may seem a bit of a Hobson's choice: it would have been nice to have the luxury of time and a blank sheet of paper to draw up a new Charter from scratch.

Instead, an expert in such matters has been asked to draft a version that contains all the parts the Society's Modernisation Steering Group and Council, hopefully, believe are needed to modernise the profession. This is to pre-empt the Government which may be tempted to put all the Society's regulatory powers into legislation, about which the Society could then do little.

Interestingly, from what has been made public, there does not appear to be any commentary on possible disadvantages the draft Charter may bring. Neither has the membership been asked for its agreement on the proposed new Council structure.

On first reading the proposed Charter, members may have concerns that the Society is no longer going to be theirs alone. But public benefit is, quite rightly, the priority. Pharmacists

can take comfort in that they are still referred to as 'members' and not 'registrants', as was bandied about last year.

Note too that a new Charter (although not necessarily this one) is considered desirable even by those Council 'mavericks' Messrs Applebe and Tanna who have challenged much of the modernisation process so far.

Whatever your views, the Privy Council will have a final say on the new Charter. As the president explained, it will not be enough just to say yes or no to the draft. The Society must collect strong arguments for or against what is being proposed.

With your quills still dripping with ink fresh from writing to your MP about the OFT report, take up the challenge. Read what you can about the Charter and let Lambeth know.

The Society must collect strong arguments for or against what is being proposed

Your views

Money for medicines management

£9.1m to be exact, available to pharmacists in 2004. It's a step in the right direction but will it really make a difference, asks AAH pharmaceuticals marketing director Dr Mandeep Mudhar

David Lammy has announced a further £9.1 million in support of medicines management, local pharmaceutical services and repeat dispensing projects in England throughout 2004.

Although first promised some two years ago when the Government announced its plans for *Pharmacy in the Future*, it is still encouraging for pharmacy now the funding has come to light. However, I'm not convinced it is going to make the kind of difference needed to help all pharmacists offer medicines management services by 2004.

There are approximately 10,500 pharmacies in England. Even if the £9.1m allocation were split evenly it would mean a maximum sum of around £860 per pharmacy to help them start offering medicines management

services. For a busy independent pharmacist who needs to make changes but doesn't want to risk the running of their day-to-day business, £860 simply isn't going to be enough. In reality, it will probably allow a pharmacist to arrange locum cover and dedicate just six days to offering medicines management services, apart from getting started in the first place.

If the money is not divided equally and pharmacists in England have to apply for funding, some may miss out altogether because they are not motivated to apply, or don't have the time and support to make the changes needed for success.

In comparison, proactive pharmacists who are motivated and already on board will grab the chance to apply for a second lot of money, thus further widening the



Dr Mandeep Mudhar: the money is a step in the right direction

gap between those offering medicines management services and those who are still on the starting blocks. The role of LPCs will be critical in ensuring an equitable participation of pharmacies on projects that have been approved for these monies.

Compared to GPs, who expect to be paid around 30 per cent more for offering extra services, it is understandable that some pharmacists will struggle. The

Government wants to make better use of pharmacy and pharmacists in support of over-stretched GPs, yet the incentives are hardly attractive.

Pharmacists need to look at the wider options outside the Government allocation. Support from wholesalers is one possibility for independents. AAH Pharmaceuticals' Vantage Health Watch scheme, for example, aims to provide a ready-made solution for pharmacists worried about meeting the new requirements but who know such services will enable them to increase revenue and meet the criteria for the proposed two-tier contract. Pharmacists with foresight will ultimately succeed.

£9.1m is a step in the right direction but the Government is only scratching the surface.

BlackBAG

Disaster looms for GPs and pharmacists

Everyone in the UK is aware that momentous events are unfolding – and I don't mean just in the Middle East. Rarely have professionals – both GPs and community pharmacists – faced challenges with such portent for disaster on a massive scale.

I talk mainly from a GP's perspective and about the new contract for GPs. In truth, given the back-drop of a terrible war, few UK citizens are even aware that general practice is about to make its biggest change since 1948.

Constant media bombardment – matched only by that threatening to descend out of Iraq's skies – makes such stories as interesting as dropped dead donkeys. Your average UK citizen might just want to know that their GP will no longer be obliged to make out-of-hours home visits, this responsibility being the remit of their local PCO.

Pharmacists, still trying to come to terms with the OFT report,

As with the UN, deadlines seem to elude our politicians

might also be interested to hear that dispensing doctors will continue to sell their wares until at least September when they become the subject of re-appraisal. All this is subject to a majority of GPs voting for the new contract – assuming we are not all too busy treating a UK population suffering from ricin poisoning, nuclear radiation or over-zealous double-azing bomb shelter salesmen.

As with the UN, deadlines seem to elude our politicians. As the British Medical Association press release put it: "The ballot on the P contract has been delayed while the BMA and the NHS Confederation investigate reports at many practices would lose money and become destabilised under the new arrangements." Does all this sound pressingly familiar?

Ian Banks is a GP with a practice in Northern Ireland

TOPICAL REFLECTIONS

PCT funds going up in smoke

'No Smoking' Day has come and gone.

Unfortunately the smoking gun was more in the minds of the media and public than efforts to encourage people to give up the weed, but that did not deter me from filling my window with anti-smoking aids and display material provided courtesy of NRT suppliers.

And displays such as this do make a difference. But they only tackle a small part of the problem. Present NHS quit smoking services are inefficient.

My criticism mirrors that from many parts of the country. My primary care trust will not establish a patient group directive for nicotine replacement

therapies, and I know why. That pharmacists can provide more effective anti-smoking counselling and monitoring is not the argument – the bottom line is money.

For doctors to prescribe NRT has less effect on the overall PCT budget than a PGD operated through community pharmacies. No matter that the former have a poorer success rate for quitting. Millions of pounds are spent each year by the Department of Health to fund quit smoking initiatives. A constructive use of some of that money would be to fund all PCTs to establish pharmacist administered PGDs.

Treating from within

Diflucan has now lost patent protection with the consequence that both prescription and over the counter medicine competition has begun. This is to be expected but, as Bayer launches its Canesten brand of fluconazole 150mg capsule OTC, it does so at a head-to-head price with Diflucan One of £12.50. Exactly the same!

So this is competition: the same preparation at the same price but in a prettier box! I know that the manufacturing cost of most drugs is generally a small part of the price, so the price set is that which the manufacturer feels the market will absorb. But,

in the case of Canesten fluconazole, I think Bayer has either made a serious mistake or would still prefer to sell its clotrimazole-containing Canesten preparations. The prospect of selling a cheaper generic OTC product could leave Bayer licking its wounds.

A constructive thought for Pfizer and Bayer. Combination preparations of Canesten for use by both partners in the relationship are advisable and sell well. A similar pack containing both clotrimazole cream and a fluconazole 150mg capsule at £12.50 could be a market winner.

Everyone wants to win the prime locations



One of the effects of the removal of pharmacy control of entry regulations is already apparent – and that is before the Government has even responded to the Office of Fair Trading's recommendations.

In Alliance UniChem's annual report, chairman Jeff Harris says AU is adopting a wait and see approach to further pharmacy acquisitions but, at the same time, Moss Pharmacy, the UK retail arm of AU, has announced the purchase of seven pharmacies in Scotland (C&D, March 15, p11).

All these are in prime locations close to doctors' surgeries and are, I am sure, heavy dispensing businesses. So AU is still buying large dispensing pharmacies which will not be vulnerable to deregulation, but will wait and see on the rest. But it is the rest who are like me – independent community pharmacies vulnerable to increased competition from new outlets whether in the local superstore, adjacent to the doctor's surgery or from that entrepreneurial youngster

who last year declined my suggestion of a partnership with future succession. AU's action in Scotland is real evidence of one of the effects of deregulation and it does not require a genius or a politician with a crystal ball to see why. Local pharmacies are vulnerable to competition and therefore poor investment prospects.

So where does that leave me? No different from yesterday but the effect of acceding to the recommendations of the OFT should now be crystal clear to Government – the destruction of the local community pharmacy network and with it that of many pharmacists' lifetimes' work.

Why have a Charter?

Charter status gives benefits to the profession in that it allows a degree of self-regulation, suggested Mr Davies.

"It enables the profession to have autonomy, flexibility and self-determination, and it actually produces a professional leadership body. The Council and I believe that is crucial for our profession."

How is the Charter linked with legislation?

The Royal Pharmaceutical Society is governed by both its Charter and legislation, with each conferring a range of powers. The Society believes that both need updating in order to reflect its dual regulatory and professional roles in modern day practice.

"Currently an 'Order in Council' under Section 60 of the Health and Social Care Act 1999 can be used to reform the regulatory aspect of health professions, including pharmacy. Thus it can have powers over a Charter and, as a consequence, activities previously controlled by the Charter can be controlled by legislation under section 60, said Mr Davies. In essence it is used to ensure regulatory bodies are modernised and meet contemporary requirements.

Why is the Charter being developed in tandem with legislation?

"The reason why we want them to go hand in hand is that we want to avoid any confusion or misunderstanding in terms of what the Society's powers are or will be in the future," said Mr Davies.

"If we don't do that [develop both in tandem] then it is probable, if not certain, that Government, which does not like hostages left to fortune, could incorporate powers [under regulation] which we would like to have, and arguably may have had in the past under the Charter," stressed the president.

As a result, the profession could end up retaining a Charter which is obsolete, said Mr Davies. So, although the Society would technically still be incorporated and governed by Charter, the Charter would not give the Society any powers.

What if we do nothing?

"If we do nothing, there is ... the

Decisions, decisions

After describing the resolution to seek a new Royal Charter as a 'momentous decision', RPSGB president Marshall Davies explained the background to the complex issues behind seeking a new Charter at a meeting at the Society's headquarters last week. Gary Paragpuri reports

possibility... that many of the powers which we would wish to enjoy under the Charter would be swept into regulations," said the president.

"Regulations are controlled by the government of the day, which may want to have, for example, a more common approach by all the regulators.

"And, if we were relying on regulation to bring about change within the profession, then potentially that would be more difficult and would mean that it may not deliver everything that we believe would be right for the development of the profession."

What's wrong with the existing Charter?

Mr Davies believes the current Charter is out of date in a number of ways.

"For example, it does not refer to governance which without doubt new regulations will refer to ... and good governance has to be explicit not implicit. It is implicit in the [current] Charter but the requirement in the future is that it should be explicit."

Mr Davies added that the Charter is also unclear about the use of assets, the way the Society can change byelaws, and it does not take into account the advances in biological sciences. The laws relating to property are also out of date.

"But what is perhaps most difficult, and again isn't understood, is that the Charter does not have a list of expressed powers," said Mr Davies.



RPSGB president Marshall Davies (third from the left) puts the case for a new Charter, at a media briefing at Society headquarters. Also present was (from the left) the Society's modernisation project manager Christine Gray, RPSGB deputy secretary Philip Green and RPSGB secretary and registrar Ann Lewis

"It does not tell us what our powers actually are, and that's confused the position as related to the byelaws, because the byelaws are in part statutorily covered by legislation and in part covered by the Charter."

What will a new Charter allow the Society to do?

A new updated Charter will strengthen the profession's role, believes the president.

"We want to highlight the strength and quality of the profession.

"We want to take a leadership role in the development of the profession; quite clearly we all believe that is essential.

"We want to support the Society's functions in an explicit way... we want to support education and learning... and promote science."

What will happen next?

"I do believe that all forward thinking pharmacists will welcome the proposition of a new Charter," said Mr Davies. However, we need to consult widely, he added.

"If we were to be successful in introducing a new Charter, then we would have to convince the Privy Council that a new Royal Charter was desirable, worthwhile and in the public interest."

In addition, Mr Davies warned that the Society would have to satisfy the Privy Council that the matter had been widely consulted upon, including seeking views from the membership, patient groups, the NHS, other health professions and the Government. A consultation process via road shows, the pharmacy press, presentations at the AGM, and extra branch meetings would not be put in place, he said.

● According to the Society's deputy secretary Philip Green, the content of the Charter and legislation under the Health Act section 60 Order should be complete this year and both would then be implemented simultaneously next year.

We want to avoid any misunderstanding in terms of what the Society's powers are or will be in the future

Coming soon - a brand new way to target pain - without pills



It's not 4here

It's not 4here

It's not 4here

It's not 4here

It's not 4here

The Royal Pharmaceutical Society held a press briefing on March 13 about its plans to seek a new Charter. Douglas Simpson was one of the journalists invited

Own goals at Lambeth

It was a small gathering. Just five journalists, from *C&D*, *Pharmacy Magazine*, *Pharmacy Business*, the *Pharmaceutical Journal* and me (a freelance). In attendance were president Marshall Davies, secretary and registrar Ann Lewis, deputy secretary Philip Green and other members of staff.

Everything we were told by the top table was in the *PJ* that came out the following day. So the Society, in its latest attempt to get the press on its side, started with an own-goal. No journalist likes to be upstaged by the competition.

A second own-goal quickly followed. While we were to be told why a new Charter was being sought, no details of what was in it were made available to us. It might be OK for bodies such as the Council of the Society to agree unanimously to go for a new Charter with no idea what it comprises, but we press are a sceptical lot. How could we possibly form a view without having seen a copy and compared it

to what has gone before? Even when we pressed for details we were told that we would have to wait until the following week when all would be revealed in the *PJ*. I find it inconceivable that material of this sort was not in near-final form and that it could not have been given to us.

A key point made by the president was that members of the Society were to be fully consulted on the content of the new Charter. There would be roadshows along with presentations at the AGM and to branches.

Though pressed repeatedly on whether there would be some kind of referendum to check that members approved of the final proposals on the Charter, no-one present was inclined to give an answer.

I asked: "Will the membership have any kind of vote on this – equivalent to an SGM – to make sure you have the members with you?"

This drew the reassurance from

Philip Green, one of the key players in the modernisation process, that "they will be widely consulted and their views taken into account". So, in reality Lambeth will be the arbiter. Indeed, members' views are only some of those to be taken into account. There are others to be heard, including "stakeholder groups".

There is a suspicion abroad that Lambeth is going for a new Charter because it realises it would not get its proposals to change the composition of the Council through the special general meeting required by the existing Charter. This suggestion was denied by the secretary and registrar.

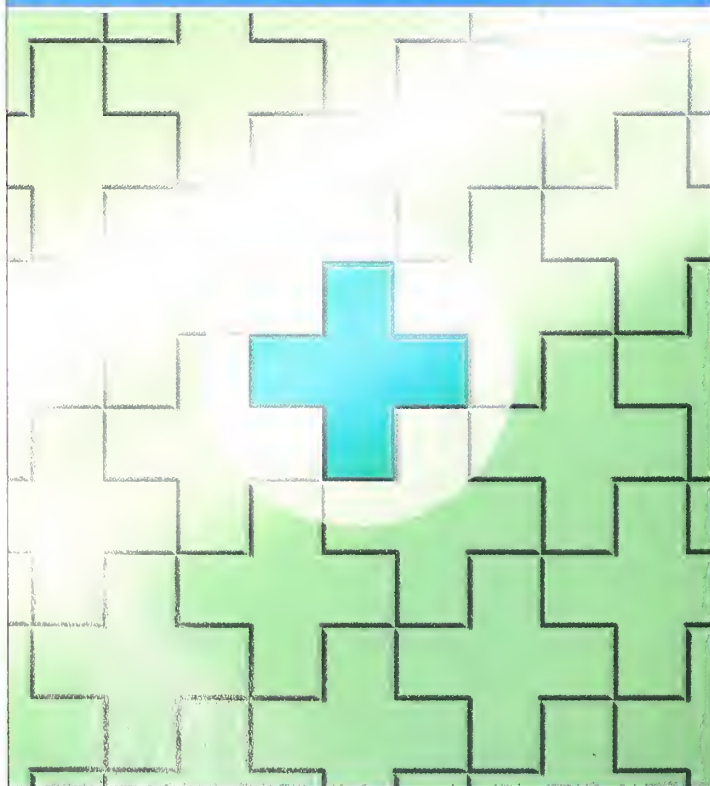
There is also a suspicion that attempts will be made to marginalise critics of Lambeth's modernisation plans. This seemed to be confirmed by the secretary and registrar when she responded to my claim that there was a lot of opposition, particularly to the



Douglas Simpson: no journalist likes to be upstaged by the competition

Council composition proposal. "I'm not sure the opposition is quite as great as you suggest ... though I think the decibels might be loud," Miss Lewis declared. However, she did go on to promise, when reminded of the president's undertakings on widespread consultation, that the Society would not be ignoring anybody. Happily, another suspicion allayed.

Joined up thinking brings rich rewards.



1550 members strong, Numark is taking a lead in supporting the case for the future of independent community pharmacy.

We're the largest group of independents in the UK. And our members are living proof that the whole really is greater than the sum of the parts.

The fact that we work together means that we stay strong and successful. It means we're now one of the most recognised pharmacy brands in the UK. And it also means that for less than £20 a week and no up front investment, our members enjoy many powerful business benefits – last year, members received an average rebate of over £6,000, and recently the rebate fund for the month of December topped £1m for the very first time.

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NUMARK PHARMACISTS
TOGETHER WE'RE STRONGER

A patient's usual oral contraceptive has been withdrawn, and she needs to take anticonvulsants plus an antibiotic at the same time. What would you recommend? *Mary Allen, FRPharmS*, discusses the options

Pill problems

Jane Shaw is a 27-year-old married woman with no children. She presented a prescription at Jill Brown's community pharmacy one afternoon. Joanne, Jill's dispenser, found that one item, the oral contraceptive, was out of stock and offered to order it for Mrs Shaw for the next day. However, when trying to place the order, Joanne found that the product had been discontinued.

The Discontinuation

The prescription was for two repeat items and one antibiotic. Ovran mdu 126 tabs
Tegretol Retard 200mg one bd 56 tabs
Erythromycin 250mg one qds 28 tabs

Jane said she would like to take the antibiotic with her and get started on it – she had been suffering with a very sore throat for more than a week now and the doctor felt there was possibly a bacterial cause.

What problems might arise with this prescription?

The choice of antibiotic

Jane is taking carbamazepine. Although this drug has several uses, licensed and unlicensed, including the treatment of neuropathic pain and mood disorders, Jill knew from the past that Jane suffered from epilepsy and was taking the drug for this purpose.

Anticonvulsants have been associated with a wide range of drug-drug interactions in clinical use. Many drugs can affect the actions of anticonvulsants and vice versa.

The precise mechanisms of many reported interactions are unclear, although many interactions with anticonvulsants are usually pharmacokinetic in nature. An interacting drug that

increases or decreases an anticonvulsant's plasma level may cause toxicity or loss of therapeutic control.

Erythromycin is an inhibitor of the cytochrome P450 enzyme system in the liver, through which carbamazepine is metabolised. It has been reported as causing significant elevations of carbamazepine concentrations, by reducing carbamazepine clearance by 40 per cent, and can cause a three-fold increase in plasma concentration.

Other macrolide antibiotics share this capability. Jill phoned Jane's GP to discuss this, together with the problem of the discontinued Ovran. The GP would also need to bear in mind that carbamazepine can cause blood disorders in some patients. Although unlikely, Jane's sore throat may indicate leucopenia (low white blood cell count), so a blood test might be appropriate.

Jane's GP told Jill that she had, in fact, sent a test off to the path lab as a precaution but had prescribed erythromycin in the meantime. She had forgotten about the interaction between carbamazepine and erythromycin and told Jill to supply penicillin V 500mg four times daily instead. Apart from anything else, the penicillin would be less likely to affect Jane's contraceptive. Jill explained the problem with the discontinued Ovran and said she would find out about alternatives.

Why Ovran GOT

Ovran was a high-strength combined oral contraceptive (COC) containing ethinylestradiol 50mcg and levonorgestrel 250mcg.

Oestrogens and progestogens are metabolised by the hepatic cytochrome P450 enzyme system, so any drug that affects this



Continued on page 20 ►

enzyme system will affect plasma levels of the hormones. Carbamazepine is known to induce liver enzyme activity, resulting in an increased metabolism of both estrogens and progestogens, thus lowering their plasma levels. This means that carbamazepine may considerably reduce the effectiveness of COCs.

Drugs that induce hepatic enzyme systems include:

- anticonvulsants, including carbamazepine, phenytoin, phenobarbitone, primidone, and topiramate (but not sodium valproate, or the newer drugs such as gabapentin, vigabatrin or lamotrigine)
- griseofulvin
- rifampicin and rifabutin
- some anti-virals used in the treatment of HIV, for example, zidovudine, zalcitabine, didanosine, zalcitabine, zalcitabine, zalcitabine
- modafinil (used in treatment of narcolepsy)
- St John's Wort.

Current advice

Previous advice from authorities such as the Family Planning Association (fpa) has been that women on long-term medication with an enzyme-inducing drug who wish to use oral contraception should use a product containing 50mcg ethinylestradiol or more. However, all the UK products containing this strength have now been discontinued by the manufacturers, due to insufficient demand.

Current advice from the fpa and the Margaret Pyke Centre is to use a combination of oral contraceptives to provide a daily intake of ethinylestradiol 50mcg or more. This is an unlicensed use of these products so the prescribing GP should keep appropriate records.

Furthermore, patients should take three or four packets of

monophasic tablets without a break, followed by a short tablet-free interval of four days. This is known as tricycling. The shorter tablet-free interval is recommended because a normal seven-day tablet-free interval could make hormone levels dangerously low.

Alternatively, a woman who is taking enzyme-inducing anticonvulsants may use a depot progestogen injection (Depo Provera). This can usually be given at 12-weekly intervals as in other women, although some doctors have preferred to shorten the interval to 10 weeks to compensate for any anticonvulsant drug effect, despite lack of evidence that efficacy is lowered in women taking enzyme-inducers. Intra-uterine devices (IUDs) are also suitable alternatives.

The anti-tuberculosis drugs rifampicin and rifabutin are potent enzyme-inducing drugs and an alternative method of contraception (such as an IUD) is always recommended.

As it takes several weeks for the liver enzymes to return to normal after stopping an enzyme-inducing drug, the FPA advises that women should continue to use appropriate contraceptive measures for four to eight weeks after stopping treatment.

A safe factory combination

As no 50mcg pill is available for Jane, her GP will need to prescribe a combination of lower dose pills which both contain the same progestogen and which will provide 50mcg of ethinylestradiol. For example, she could prescribe Loestrin 30 plus Loestrin 20 daily (on a 'named patient' basis because this is an unlicensed use of these products). This would provide a total of 50mcg ethinylestradiol and 2.5mg norethisterone. Alternatives are Mercilon 20 plus Marvelon 30 (progestogen = desogestrel), or Femodette 20 plus Femodene 30 (progestogen = gestodene).

Ovran, Jane's earlier contraceptive, contained the progestogen levonorgestrel, which none of the above combinations do. If Jane's GP was keen to use the same progestogen, an alternative to the above combinations which would provide the same progestogen would be two Microgynon tablets, although this would also provide slightly more ethinylestradiol.

Jane's GP told Jill that Jane had been having problems with



The effects of some contraceptive pills can be reduced by anticonvulsants

breakthrough bleeding. The progestogens desogestrel and gestodene are thought to be associated with a lower incidence of breakthrough bleeding (and some other side effects such as headache) so the Mercilon 20/ Marvelon 30 or Femodette 20/Femodene 30 combinations might be a better choice.

However, these two progestogens are thought to be associated with an increased risk of venous thrombo-embolism and Jane should be warned about this if the GP wished to prescribe them.

Jane's GP decided she wanted to use something as near as possible to Ovran, so prescribed Microgynon tablets with the instruction to take two tablets daily and to take three packs one after the other then have four tablet-free days. This would provide the same drugs (that is, the same oestrogen and same progestogen) as Jane's treatment to date, even though it would be a slightly increased dose.

When Jane returned to the pharmacy, Jill gave her the dispensed tablets and explained how she should take them. Jane felt wary about taking two tablets – she knew that Ovran had been different from other pills and was the right one for her, although "she had left it to the doctor to make the decision and hadn't really understood the mechanics of it all". She had wanted to ask the GP a bit more about this new decision but there hadn't been time. It worried her that a friend of hers was taking this particular oral contraceptive on a dose of one tablet a day. Did this mean that she might have more of the drug in her system and could this be dangerous?

Jill was able to reassure Jane that the high dose of hormones

she would be taking was nothing to worry about because much of the oral contraceptive was destroyed by her liver soon after absorption, so she was not actually using the whole amount of hormone. The adjusted dose was simply to allow for the extra wastage caused by the interaction of Jane's carbamazepine. Her blood levels of contraceptive hormones would thus be similar to those she would have if she were taking a normal strength pill and no other interactive medication, like her friend.

Jill endorsed the GP's instruction to take three packets in a row and then have a gap of only four pill-free days, explaining that, because the effect of the contraceptive hormones was not so long-lasting, the possibility of ovulation could arise much earlier, and a whole week off the pill could expose her to a risk of pregnancy.

And finally...

Jane thanked Jill for her help and purchased some items for her forthcoming holiday in the Caribbean. Jill took the opportunity to remind Jane that oral contraceptives could increase the risk of deep-vein thrombosis during travel involving long periods of immobility (over five hours). She should drink plenty of water during the flight, exercise her calf muscles during the journey through appropriate exercise, and wear elastic hosiery – either Class One elastic hosiery or one of the products marketed as flight socks.

Mary Allen works part-time in a community pharmacy in Hertfordshire and as a clinical pharmacist at the Hospice of St Francis, Berkhamsted.

Practice point

Carbamazepine may occasionally cause leucopenia and other disorders including thrombocytopenia (low platelet count – increasing the risk of bleeding). The BNF advises that patients and their carers should be told how to recognise signs of blood, liver or skin disorders, and they should seek immediate medical attention if symptoms such as fever, sore throat, rash, mouth ulcers, bruising, or bleeding develop. Severe or progressive leucopenia may necessitate withdrawal of the drug.

Worldwide threat from 'pneumonia type' illness

Travellers returning to the UK after visiting the Far East are being warned about the possibility of contracting a pneumonia-type illness.

For the first time in more than a decade the World Health Organization has issued a worldwide alert about the risks of an atypical pneumonia, dubbed Severe Acute Respiratory Syndrome (SARS).

The WHO has received more than 150 reports of the new disease which, so far, has an unidentifiable cause. Symptoms include a sudden-onset high fever ($>38^{\circ}\text{C}$), myalgia, and one or more respiratory symptoms including cough, sore throat, shortness of breath and difficulty breathing.

The disease is spread from person to person but only through close contact. There is no evidence so far that the disease is spread through casual contact.

Dr Gro Harlem Brundtland, director-general of the WHO, said: "This syndrome is now a worldwide health threat. The world needs to work together to find its cause, cure the sick and stop its spread."

Affected countries include Vietnam, southern China, Hong Kong, Singapore, Thailand, Indonesia and the Philippines.

Travellers who report the recognised symptoms within seven days of returning from one



of the affected countries should seek medical advice and, if admitted to hospital, will be treated in isolation as a precautionary measure.

A joint statement from the Department of Health and the Public Health Laboratory Service said: "As there is no diagnosis as yet for this infection it is difficult to establish how serious the illness can be. What can be said, however, is that pneumonia is a serious condition, particularly for the sick and elderly, but one from which most healthy people would expect to make a recovery."

The DoH and the PHLS did not advise any restriction on travel to the affected countries but will monitor the situation.

On Monday, a man was admitted to North Manchester General Hospital with suspected

SARS. He had flown from Hong Kong to Manchester.

● Prescribing of ciprofloxacin rose by 40 per cent in the USA in October 2001 compared to the previous October, following the anthrax scares after 9/11.

According to a recent study, approximately 160,000 more ciprofloxacin and 96,000 doxycycline prescriptions were issued compared to October 2000. Both drugs can be used where there is a risk of exposure to anthrax.

The study, due to be published in *Pharmacoepidemiology and Drug Safety*, said that the results could be influenced by concerned citizens 'stockpiling' antibiotics.

For more information:

www.who.int

www.phls.org.uk

Nursing home residents care 'inadequate'

Old people get better care in their own homes than they do in nursing homes, according to a study in the *BMJ*.

The controlled, observational study looked at 172 nursing home residents and 526 people, all over the age of 65, living at home.

The overall standard of care for all elderly patients was inadequate when measured against explicit standards but the nursing home residents seemed to fare worse.

Results showed the prescribing of beneficial drugs for some conditions was inadequate. The proportion of patients who had had their blood pressure measured was 74 per cent for residents with heart disease versus 96 per cent for patients living in the community. Only 62 per cent of residents with diabetes had their blood pressure measured in the preceding year compared to 96 per cent of the controls.

The number of nursing home residents rose substantially in the late 1980s and 1990s, increasing the workload for GPs responsible for such homes. The reduction in long-stay beds further increased the demand with the result that care in nursing homes "seems to be inconsistent and idiosyncratic", say the authors. They suggest "better co-ordinated care would avoid the problems of overuse of unnecessary or harmful drugs, underuse of beneficial drugs and poor monitoring of chronic disease."

For more information:

www.bmj.com

BMJ 2003; 326: 580-583

Scriptlines

New quinolone antibiotic

Bayer this week launched a fluoroquinolone antibiotic with activity against a wide range of Gram-positive and Gram-negative pathogens.

Avelox (moxifloxacin 400mg) is indicated for the treatment of acute exacerbation of chronic bronchitis, community acquired pneumonia (except severe cases), and diagnosed acute bacterial sinusitis.

The recommended dose for adults is one tablet daily, with or without food, for up to 10 days.

As with other quinolones,

Avelox should be used with caution:

● in patients with CNS disorders that may predispose to seizures, and

● at the first sign of pain or inflammation, patients should discontinue treatment and rest the affected limbs because of the risk of tendon inflammation and rupture.

Patients suffering vision impairment should consult an eye specialist immediately.

As Avelox has been shown to prolong the QT interval, concomitant use of drugs that could produce an additive effect on QT interval prolongation, such as disopyramide, amiodarone, sotalol, tricyclic antidepressants,

mizolastine and cisapride, is contraindicated.

Common undesirable effects include abdominal pain, headache, dizziness, nausea, diarrhoea, vomiting and taste perversion.

Price: £10.95

Pack size: five tablets

Pip code: 265-1941

Bayer

Tel: 01635 563000.

Inhaled drug for lung infections

An inhaled antibiotic for treating lung infections in cystic fibrosis patients has been launched by Profile Pharma.

Promixin Powder for Nebuliser Solution, which contains one million

IU (approximately 80mg) of colistimethate per vial, is indicated for the treatment of *Pseudomonas aeruginosa* lung infections.

Dosage is determined by infection type and severity, bacteria sensitivity, and the patient's age, weight and renal function.

Although Promixin may be used with any conventional nebuliser suitable for delivery of antibiotic solutions, the company will supply patients with its own delivery device, Prodose AAD System, free of charge.

Price: see Price List supplement

Profile Pharma

Tel: 0870 770 2255.

It's arrived



What women want is now available for your pharmacy¹

Research shows that 60% of women with thrush have been waiting for a convenient oral capsule from a brand they know and trust.¹ Now Canesten Oral is here. And with expected pharmacy growth of £5 million,² it's a precious new arrival for you too.

Product Information for Canesten® Fluconazole Oral Capsule. Presentation Canesten Fluconazole Oral Capsule contains 150mg fluconazole. **Indications:** Treatment of candidal vaginitis, acute or recurrent. Also for treatment of partners with associated candidal balanitis. **Dosage and Administration:** Adults (16 – 60 years): One capsule. **Contra-indications:** Hypersensitivity to fluconazole, related azole compounds or any of the excipients; co-administration with terfenadine or cisapride; pregnancy and breast feeding. **Warnings and Precautions:** Adequate contraception necessary. A physician should be consulted if the patient or partner have had exposure to sexually transmitted disease, or if the patient: has had more than two infections of thrush in the last six months; is taking any medicine other than the Pill; has any disease or illness affecting the liver or kidneys or has had unexplained jaundice; suffers from any other chronic disease or illness; is uncertain of the cause of symptoms;

has abnormal or irregular vaginal bleeding or a blood-stained discharge; has vulval or vaginal sores, ulcers or blisters; has lower abdominal pain or dysuria. In men, medical advice should be sought if: sexual partner does not have thrush; they have penile sores, ulcers or blisters; there is abnormal penile discharge; penis has started to smell; dysuria. Patients should consult their doctor if symptoms have not been relieved within one week. **Side-effects:** Nausea, abdominal pain, diarrhoea and flatulence. Rarely rash, headache, hepatotoxicity and anaphylaxis. **Cost:** £12.50 MA Number: PL 00010/0282. MA Holder: Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Legal Category:** P. **Date of Preparation:** February 2003. **References:** 1. Data on file, Bayer UK. 2. Data on file, Bayer UK.

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Canesten® can

Minty variant for Oraldene

Pfizer Consumer Healthcare is launching a pleasant tasting mint flavoured variant for Oraldene medicated mouthwash.

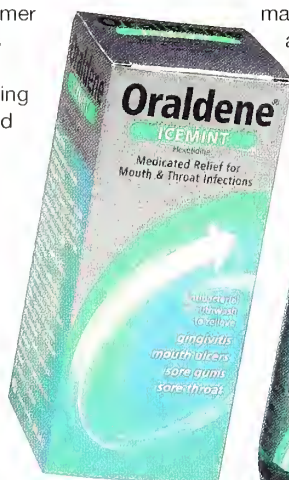
Oraldene Icemint contains hexetidine 0.1 per cent and will not discolour the teeth or tongue or promote the build up of calculus.

The mouthwash is suitable for use on a short-term basis for oral health problems including the prevention and treatment of gingivitis, mouth and throat infections, relief of pain,

management of aphthous ulcers and management of halitosis.

It can also be used in minor mouth infections such as oral thrush and as an aid to gum healing for patients pre and post dental surgery.

Eye-catching new packaging is being introduced for Oraldene Original and Icemint.



Price: £3.39

Pack size: 200ml

Pip code: 293-8595

Pfizer Consumer Healthcare

Tel: 02380 623678.

Free soap with Morny Classics

Morny is running a promotion in pharmacies offering a free Morny 100g soap (worth £1.99) with any Morny Classics purchase.

A box of assorted Morny soaps in four fragrances is supplied for each case of goods ordered by the retailer.

The promotion will run until early May and is supported by point of sale material.

For more information:

Malibu Health Products

Tel: 020 8758 0055.



Manicare relaunch comes out of the blue

Cork International is relaunching the Manicare nail and beauty accessory range with a unified brand image.

Presented in new bold blue and white packaging, the range comprises nail treatment products and implements including files, buffers, clippers, scissors and tweezers. It also features make-up brushes, eyelash curlers, sponges, puffs and general beauty accessories.

Most products are packaged in double blister packs designed to be hygienic and tamper-proof.

An interaction element has been introduced into the tweezer packs to allow customers to 'press and test' the product within the casing.

More uniform pack sizes are designed to make merchandising easier and reduce the threat of theft.



Prices have been reduced from £4.29 to £3.99 for single nail treatments and from £5.99 to £4.99 for duo treatment nail packs.

The brand will be supported by a £100,000 marketing campaign during 2003. The first phase of three new product development launches is planned for July.

Price: From £0.99 for Long Lasting Emery Boards (170mm) to £11.99 for Chiropody Plier (12cm)

Cork International

Tel: 0115 978 4271.

Sea-Band is all set for summer

Sea-Band is introducing a new look for its Sea-Band travel sickness brand.

Eye-catching new packaging is designed to create an association with the sea and summer. The adult product now comes in sea-blue packs and the children's version has vibrant yellow packaging.

The packs highlight product information, other uses for Sea-Band such as morning sickness or post-operative nausea, and a consumer helpline.

Price: £7.99

Sea-Band Ltd

Tel: 01455 639750.



Scholl Flight Knee Highs take women to new heights

SSL International is launching Scholl Flight Knee Highs for women this spring.

The 30 degree ladies knee highs use a graduated compression system to help improve blood flow and help prevent the risk of problems which can occur on flights or long trips. These include

swollen ankles, tired, aching legs and potentially more serious conditions such as DVT.

The knee highs come in two colours - black and natural. Available in three sizes - 2-4, 4-6 and 6-8 - they offer compression factor 14-17mmHg.

Eye-catching packaging communicates a strong message about reducing the risk of flight-related DVT.

The launch will be supported by a £1.5 million advertising and educational campaign that will continue to raise awareness of DVT and the preventative

measures that can be taken to reduce the risk.

Educational material for pharmacists is available to help provide advice and guidance to consumers.

Price: £12.99

SSL International plc

Tel: 0161 654 3000.

Poli-Grip offers food for thought

GlaxoSmithKline Consumer Healthcare is targeting younger denture users with a £1 million TV campaign for the Poli-Grip denture fixative brand.

On air until April 30, the national campaign is designed to encourage new users, especially those with partial dentures, while still appealing to existing users.

The 'passion fruit' commercial features youthful characters who are both genuine denture-wearers. The couple are shown sharing 'problem' foods in a relaxed way and proving that eating can still be fun for denture wearers.

It highlights the message that the product creates a tight seal to help prevent bits of food, pips and seeds from getting stuck underneath the dentures.

The advertising focuses on the Poli-Grip Ultra variant. It will be backed by direct marketing activity.

For more information:

GlaxoSmithKline Consumer Healthcare
Tel: 020 8047 2700.



Bonjela puts money where your mouth is

A £1 million TV campaign for Bonjela is targeting the nine out of 10 ulcer sufferers who do not currently treat them.

A new commercial features Spike, a devilish character "who represents the pain of a mouth ulcer".

The treatment triumphs over Spike, relieving the pain, killing the bacteria and reducing the swelling of the ulcer.

The commercial will be on



national TV until April 20, backed by tube advertisements in the London region.

For more information:

Reckitt Benckiser plc
Tel: 01482 326151.

TVnext week

Bonjela: C4, C5, Sat

Caligig: C4

Nivea for Men Revitalising Q10: All areas

Nivea Hand Q10 Plus: All areas

Nivea Visage Q10: All areas

Oxy: All areas except Sat

PoliGrip: All areas except U, CTV

Ribena: All areas except U, CTV

Sensodyne Total Care: All areas except U, CTV, GMTV

Tena lady & Tena pants Discreet: All areas except U, GMTV

PharmaSite for next week: NiQuitin CQ - Window, Ibuprofen gel Care range - In-store, Otrivine - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Dulco-lax campaign to drum up new sales

Boehringer Ingelheim is investing £1.4 million in a national advertising campaign for Dulco-lax.

Appearing on posters and in women's lifestyle and health magazines, the campaign will be predominantly in the spring but will run throughout 2003. The advertising builds on the strapline 'Help restart your natural rhythm', which was introduced last year.

The campaign centres on the workplace and features a woman who rediscovers her body's natural rhythm once Dulco-lax has taken effect and constipation is relieved. She celebrates her liberation from the feelings of constipation with a "dynamic" drum and dance routine



utilising the office furniture and equipment for effect.

For more information:

Boehringer Ingelheim Ltd
Tel: 01344 424600.

Alocclair contact

The telephone number for more information about Alocclair liquid for mouth ulcers (C&D Mar 8, p30) is

as follows:

Pharma Consumer Care
Tel: 01202 314824.

THE PERFECT FORMULA



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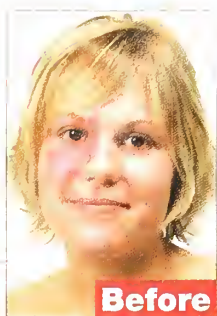
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Under cover



Before



After

Model is wearing Keromask camouflage cream

Sheila Heaviside, chairwoman of the British Association of Skin Camouflage, advises on how to help disguise dermatological problems with cosmetic camouflage

Cosmetic camouflage has come a long way since the pioneering days of World War II when a few simple camouflage creams were developed to help the severely burned pilots in the UK and USA.

From a pharmacist's point of view, it must be extremely confusing to find yet another advertisement for a miracle cover up preparation coming through the mail. Indeed, every week another beauty product aimed at cosmetic camouflage seems to be produced.

Some of these do help with minor blemishes, but all of us have seen patients who have spent a fortune on unsuitable products and wished they had seen a professional first.

We live in a society that relies on a perfect outward appearance but, sadly, this is not possible for everyone. At least 25 per cent of the population has a dermatological problem, be it acne, rosacea, psoriasis, eczema, vitiligo, birthmark, burns or scarring from either accident or surgery. Cosmetic camouflage can help all of these if done correctly.

Covering tattoos

Tattoos are a growing problem and there are circumstances where there is a need to cover or remove them. To be honest, they are quite difficult to cover with camouflage creams. Although it can be done, it is time-consuming and very often the underlying colours bleed through so we do have varying results. Any scarring that may be produced by laser treatment can successfully be camouflaged.

Camouflage products

There are five prescribable, tried and tested camouflage product ranges – Covermark, Dermablend, Dermacolor, Keromask and Veil. They all have a comprehensive selection of colours and supporting products such as setting powders and cleansers.

However, one product may be better for a certain type of skin and condition

than another. Sometimes two or three separate colours have to be mixed to achieve the correct skin tone.

It is not as simple as a GP recommending one of these brands, writing a prescription and the poor pharmacist having to do their best from a colour chart. This is a story we have unfortunately heard all too often, although as awareness is growing this is occurring less.

Once the argument for nurses and pharmacists being allowed to prescribe has been settled, camouflage creams would be an ideal contender for this.

Psychological issues

The psychological difference that correctly applied camouflage can make to a patient can be life changing. Men, women and children can take advantage of this service. The growing range of colours means that no one needs to be excluded.

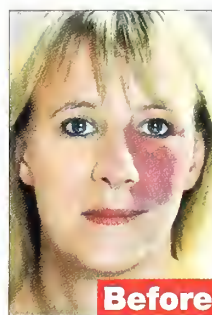
There is a great desire to be accepted by society and humanity has a peculiar tendency to judge its fellow beings by their appearance. Remedial camouflage goes a long way to restoring confidence and self-esteem.

We should be aware that getting as far as asking for advice could be a big step for some people. There are many reasons why people do not seek help. These could include not realising that help is available, ignorance about who to ask, being afraid or embarrassed, or having already asked for help and received a

negative response. This last setback can be another dent in an already bruised ego.

Continued on page 28 ►

Cosmetic camouflage has given Ros Pryor the confidence to work as an airline stewardess



Before



After

Case study

Jane Goulding is a pharmacy technician who has trained in cosmetic camouflage and runs a cosmetic camouflage clinic in the pharmacy department of Barnsley District General Hospital NHS Trust.

Most of the patients she sees come via dermatologists but she occasionally has a direct referral from the hospital's surgeons asking for surgical scars to be covered.

After a dermatologist has seen patients, they are sent to the pharmacy department with a prescription for cosmetic camouflage.

An appointment is then made for Jane to see them in the out-patient department when a room with natural daylight, a mirror and some privacy is available.

She has a working stock of the five

prescribable cosmetic camouflage products and usually begins the consultation with Veil cover cream which she chooses because many patients don't want to appear "made up".

"Veil is a light and easy product to both use and wear for men and children," she explains. "I begin with a test area of either Veil No 3 or Veil Suntan cover cream. This tells me about their skin's undertones and will guide me in choosing a shade.

"If Veil cover cream is not suitable, I will progress to Covermark as this is a slightly more dense product and good for covering darker pigmentation. Brown birthmarks and chloasma can be difficult to cover – especially if the patient is reluctant to wear a lot of product on the area," she says.

Gastrocote

News

IT'S BACK

Great news for your Gastrocote tablet Customers.



Active Ingredients: Alginic Acid BP 200mg, dried aluminium hydroxide gel BP 80mg, magnesium trisilicate BP 40mg, sodium bicarbonate BP 70mg, per tablet. **Indications:** Heartburn including that of pregnancy, reflux oesophagitis, particularly where associated with hiatus hernia and in all cases of epigastric distress with gastric reflux or regurgitations. Also indicated in acid indigestion. **Dosage Instructions:** Adults and older children (6 years and over): one to two tablets to be chewed four times a day, after main meals and at bedtime. Children under 6 years: only on the authorisation of a medical practitioner. **Contra-indications:** None. **Precautions and warnings:** Care should be exercised in treating diabetic patients as the tablets contain approximately 1g of sugar. Each tablet also contains 21mg (0.91 Meq) of sodium, which may be important for patients with a low sodium diet. As Gastrocote tablets contain aluminium hydroxide, use with caution in patients with renal dysfunction or on a low phosphate diet. **Interactions:** None stated. **Pregnancy and Lactation:** Gastrocote Tablets can be used in pregnancy. **Side Effects:** None Stated. **Basic NHS price:** 100 tablets, £3.51. **Legal category:** GSL. **Marketing Authorisation:** PL 11314/0061 **Product Licence Holder:** Seton Products Ltd., Tubiton House, Oldham OL1 3HS. **Distributor:** Thornton & Ross Ltd, Linthwaite, Huddersfield. HD7 5QH U.K. **Date of last Revision:** February 2003.

Thornton & Ross Limited, Linthwaite, Huddersfield, West Yorkshire HD7 5QH Tel. 01484 842217 Fax. 01484 847301

T + R

"At least 25 per cent of the population has a dermatological problem"

It takes a lot of courage for some people to say: "I have this problem – can you please help?" What is said in the next few minutes can be crucial.

One of the main aspects of our training is how to handle psychological issues. I am sure that in a pharmacy, as in a doctor's surgery, there are many delicate and embarrassing questions asked on a daily basis but let's not lose sight of the fact that this is personal and can make the sufferer feel that no-one has ever been in that position before.

Should there be a trained camouflage practitioner in the pharmacy, one would hope there would be a private and quiet spot to carry out a consultation away from prying eyes.

Seeking help

As in many cases, the pharmacy is very often the first port of call for potential camouflage patients – whether it is to look at new make-up products or ask advice without having to wait for an appointment with the doctor.

In a perfect world, GPs and pharmacists would be a font of all knowledge. Unfortunately, this cannot be the case as there is such a vast amount of knowledge to glean in the medical profession and so little time in which to keep up with it all.

If a patient contacts The British Association of Skin Camouflage, they will be put in touch with their nearest BASC practitioner.

The consultation can take approximately an hour, during which time the appropriate mix of creams will be found and the patient will be advised on preparing the skin, application of products and how to obtain them.

This may take place in a hospital, salon or in the patient's own home, depending on how their local BASC practitioner works, and there may also be a charge which should be ascertained at the outset.

Training

BASC provides training for all kinds of primary care workers – nurses, occupational therapists, beauty therapists and indeed pharmacists. Residential weekend courses are run twice a year in Chester and these cover all aspects associated with camouflage. Trained members form a network of practitioners up and down the country.

For more information:

British Association of Skin Camouflage
www.bascamouflage.net
Tel: 01223 317880.

Sheila Healey, a hairwoman of the British Association of Skin Camouflage, is an active member of the Skin Care Campaign and the All-Party Parliamentary Group on Skin. She mostly visits her camouflage patients in their own homes.

Cosmetics counter



All that glisters

With glitter and shimmer make-up products growing in popularity amongst young women, Lever Fabergé is extending its Impulse range to include a limited edition body shimmer spray.

Impulse Sparkling Body Shimmer combines light reflective particles with the fresh fragrance of Siren – the newest Impulse variant. The spray format makes it easy to apply over the body for an instant shimmer.

The launch will be backed by a £1 million advertising campaign which is part of a total £6.5m package for the Impulse brand this year.

For more information:

Lever Fabergé
Tel: 020 8439 6100.

Eye opener

This spring will see the launch of a new mascara from Collection 2000.

Lash Defining Mascara (rsp £2.49) is designed to separate and define each individual lash without leaving any clumps.

The fragrance-free formulation contains ceramide A2 and provitamin B5 for extra conditioning benefits.

Available in black only, the mascara is suitable for those with sensitive skin.

● From April, Collection 2000's Kohl Eye Liner Pencil will come in a wider choice of colours. Eight new shades include metallic blue, olive, taupe, sandy blonde and gold, dark green and two purples.

For more information:

Collection 2000 Ltd
Tel: 01695 727317.



A look at what's new in make-up products for pharmacies this spring

Harmony at your fingertips

Mavala is launching a new collection of nail polishes for spring.

The Opera range comprises six colours from the champagne subtlety of Traviata, through the pinks and purples of Tosca and Carmen to the copper tones of Orfeo and the browns of Nabucco and Rigoletto. Each polish comes in a 5ml mini bottle (rsp £3.15) and an eye-catching display unit is available.

For more information:

Mavala UK Ltd
Tel: 01732 459412.

Making faces

NYC (New York Color) is a value-for-money, fashionable colour cosmetics line for lips, nails, eyes, face and body. Developed in New York by Del Laboratories, the range was launched in the USA four years ago and appeals to the teen market. It was introduced exclusively into Asda stores last November and is now being sold into pharmacy multiples. It is not currently available to independent pharmacies.

For eyes, the range offers Eyeliner Ducts with black at one end and a fashion shade at the other, Eye Cubes that stack to save storage and Eye Shimmers for a pale shimmering finish. Lip and nail products include Moisturising and Long-Wearing Lipsticks, Liquid Lip Shine, Fruit Flavoured Lip Gloss, Long-Wearing Nail Enamel and Fast Dry Nail Enamel. For the body, there is All Over Body Glitter Gel.

Retail prices range from £2.49 for the Eye Cubes to £3.99 for All Over Body Glitter Gel.

For more information:

Brodie & Stone
Tel: 020 7239 0023.

Star struck

Rimmel London is introducing a sparkling variation of its Shine Temptation lip colour.

The original formula has been shot through with gold and silver reflective pearls to create Shine Temptation 'Stars'.

Ten new high shine lipsticks (rsp £4.49) come in shades ranging from Shine On (nude) to Star Struck (scarlet).

For more information:

Coty (UK) Ltd
Tel: 020 8971 1300.

Continued on page 30 ►

Eucerin Extremely Dry Skin Treatment is uniquely formulated with the skin's own natural moisturiser.

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Eucerin Clinical Study: Efficacy of 10% Urea in patients with Atopic Dermatitis. Source: Z Hautkr (1997) 72, 34-39.

Information relating to the GSL Licensed Eucerin® Extremely Dry Skin Treatment Cream (PL 14160/0003) and Eucerin® Extremely Dry Skin Treatment Lotion (PL 14160/0004) Eucerin® is a registered trademark. Marketing authorisation holder: Beiersdorf UK Ltd, Birmingham, B37 7YS, UK. **Active Ingredients:** Urea EP 10% w/w. **Directions:** Apply sparingly (as a thin film) twice daily to the affected areas of the skin. **Indications:** For the treatment of Ichthyosis, Xeroderma, Hyperkeratosis and Atopic Eczema/Dermatitis and other dry skin conditions. **Precautions:** Do not use if sensitive to any of the ingredients in cream or lotion. Do not use on broken, inflamed skin. Do not apply to large areas of skin on patients with renal insufficiency. This cream or lotion could increase the penetration of some substances such as medicines known as Corticosteroids, Dithranol or Fluorouracil. Avoid contact with the eyes or other sensitive areas. Keep out of reach of children. **For external use only. Legal Category:** GSL P/L 14160/0003 (Cream) GSL P/L 14160/0004 (Lotion).

Size and NHS prices: 250ml lotion; £4.40, 50ml cream; £3.61, 150ml cream; £8.88.

Blooming wonderful?



Dr Miriam Stoppard explains how and why the skin changes during pregnancy and advises on how to adapt skincare routines



Many women say that pregnancy does wonders for their skins

During pregnancy, changes in levels of the hormones oestrogen and progesterone bring about changes to almost every part of a woman's body, including the skin and nails.

The skin is said to "bloom" because these hormone changes encourage it to retain moisture. Moisture retention plumps up the skin, making it more supple, less oily, and less prone to spots. Extra blood circulating around the body will also make the skin "glow".

However, the opposite can sometimes happen. Red patches may enlarge, acne may worsen as progesterone stimulates the production of sebum, areas may become dry and scaly, and a pregnant woman may notice deeper pigmentation across her face. To keep her skin in the best condition, changes may be necessary in her daily care routine.

Deeper pigmentation

Nearly every woman notices her skin darkening, especially on the areas of the body that are pigmented to begin with, such as freckles, moles, and the areolae of the breasts. It is caused by higher than normal production of melanocyte-stimulating hormone, which triggers the skin to make pigment. The genitalia and the skin of the inner sides of the thighs, underneath the eyes and the armpits may also become darker.

A dark line, called the linea nigra, often appears down the centre of the stomach. Anything up to 1cm wide, it marks a division of the abdominal muscles, which separate slightly to accommodate the expanding uterus.

The navel tends to darken and, by the third trimester, it stretches, becoming completely flat by 40 weeks. It returns to normal after delivery. Even after the birth, the linea nigra and the areolae remain darker for some time, but the deeper pigmentation will gradually fade and disappear.

Sunlight intensifies areas of skin that are already pigmented, and many women find that they tan more easily during pregnancy. Since ultraviolet A (UVA) rays can lead to skin cancer, and as the effect they have on the unborn child is unknown, it is best for pregnant women to avoid sunlamps. It is important to keep skin covered up in hot sunshine, or

to use a sunblock, especially on the face or on pigmented areas such as the nipples.

Chloasma

This form of pigmentation, also called the "mask of pregnancy", appears as blotchy brown patches on the bridge of the nose, cheeks and neck. Chloasma can be brought on by sunlight and will get worse if exposed to the sun. It may also be aggravated by a reaction to perfume.

The only way to handle chloasma is to camouflage it with a blemish stick or the cover-up cosmetics that are used for birthmarks. The pigment should never be bleached out, as the patches will begin to fade in the months following labour.

Conversely, some black women develop patches of paler skin on their faces and necks. They will probably disappear after delivery and can be camouflaged during pregnancy.

Spider veins

In pregnancy, all the blood vessels become sensitive – rapidly dilating when the woman is hot, and constricting quickly when she is cold. Consequently, tiny broken blood vessels called spider veins may appear on the face, particularly on the cheeks. They are not a cause for worry, as they fade soon after delivery and will probably have disappeared altogether three months after the birth.

Pimples and acne

In pregnancy, blooming skin may clear spots up. However, if a woman's skin has the tendency to become spotty before periods, she may get pimples in pregnancy, particularly in the first trimester when the hormones stimulating the sebaceous glands in the skin have not yet reached a balanced level.

She should keep her skin as clean as possible and use a cleanser two or three times a day to help prevent spots. If a spot appears, a tiny smear of antiseptic cream is helpful. Spots should never be squeezed, since this only spreads the infection.

Conversely, acne may appear on her face or back for the first time. It is different to ordinary acne, so shouldn't be treated with normal acne preparations. It will usually have vanished by the second trimester.

Stretch marks

About 90 per cent of pregnant women get some stretch marks. These usually appear across the abdomen, although they can also affect the thighs, hips, breasts, and the upper arms. The underlying mechanism is the tearing of collagen bundles in the skin.

Other skin and nail problems

Possible problems

● **Itching or chafed skin:** the skin of the extended abdomen may become quite itchy during pregnancy, and the area between the thighs may become chafed.

● **Rashes:** these are not uncommon in the groin and under the breasts, and result from excess weight gain and sweat that accumulates in the skin folds. Poor bodily hygiene will increase the risk.

● **Nails:** fingernails grow faster than usual in pregnancy, but may also become brittle and split, or break more easily.

What to do

● Massage the skin with a massage lotion to stimulate blood supply and ease irritation. Keep the thigh area dry, dust with powder and wear cotton underwear.

● Keep the groin area and the skin under the breasts clean, and apply calamine or other drying and soothing body lotion. Keep weight under control. Wear a firm supporting bra to hold up the breasts.

● Keep nails short, use hand cream to keep the hands moisturised, and wear gloves for housework and gardening.

Normally elastic, the bundles of collagen allow the skin to stretch with body movement or with a change in size or shape.

However, hormone changes in pregnancy break down and remove proteins from the skin, thereby disrupting the collagen bundles and making the skin thin and papery in places. Weight gain, particularly rapid weight gain or a rapidly expanding pregnant uterus, stretches

the collagen bundles to the point of breaking, and stretch marks result.

Nothing can be eaten to prevent stretch marks. Gradual weight gain should allow the skin to stretch without tearing, although some women are blessed with more elastic skin than others. While the reddish streaks may look prominent during pregnancy, during the weeks after delivery they will become paler and shrink, until they are nothing more than faint silvery lines, barely noticeable.

Daily skin care in pregnancy

Soap removes the natural oils from the skin, so should be used as infrequently as possible. For the face, baby lotion can be used, and make-up can act as a good moisturiser because it prevents the loss of water, as well as being good for morale.

For the body, glycerine-based soap and moisturising body wash are suitable. The turnover rate of skin cells is accelerated in pregnancy, so it's important to nourish and moisturise the skin more often than normal, particularly in areas that get a great deal of wear and tear, such as the hands and feet. Feet also swell at the end of the day, and soothing foot balms should help to reduce swelling and ease tired muscles. ☺

Miriam Stoppard has launched her own range of skincare products for pregnant women into pharmacies (C&D November 16, 2002 p30). For more information: Tel 08700 505020.

Gradual weight gain should allow the skin to stretch without tearing



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Product Information. Presentation: Each tablet contains the following active ingredients: Paracetamol BP 450mg, Codeine Phosphate BP 10mg, Doxylamine Succinate NF 5mg, Caffeine BP 30mg. **Indications:** For the treatment of mild pain to moderate pain and as an antipyretic. Symptomatic relief of headache, including muscle contraction or tension headache, migraine, neuralgia, toothache, sore throat, myalgia, muscular and rheumatic aches and pains and post operative analgesia following surgical or dental procedures. **Warnings:** Caution is advised when administering this medicine to patients with impaired liver or any other abdominal complaints. Overdose: Immediate action should be sought in the event of an overdose even if the patient feels fine, because of the risk of delayed, serious liver damage. Legal advice: P. Further information is available on request from the licence holder. **Product Licence Holder:** Seton Products Ltd, Tubiton House, Oldham OL1 3HS.



Pharmacists with a student in the family can take advantage of tax breaks on cars

In the first of a two-part series Anne Hutchings, a specialist accountant and tax consultant for retail pharmacists, examines some of the methods by which pharmacists can reduce their tax liabilities



Avoiding the tax man

Tax evasion or avoidance? What is the difference between the two? Put simply, tax evasion is illegal and I would never recommend or condone it. An example of evasion is where someone deliberately under-declares their profits to the Inland Revenue. A more subtle form, but nevertheless still evasion, can be where someone discloses a transaction but disguises or misleads the Revenue regarding the true and accurate circumstances involved.

Tax avoidance, on the other hand, is perfectly legal using the full boundaries of the tax legislation to mitigate tax liabilities, with details fully disclosed to the Inland Revenue. Out of the many tax avoidance methods available, I have chosen a selection which are particularly relevant for pharmacists.

Employee Benefit Trust

For pharmacists trading through a limited company an employee benefit trust (EBT) is worth consideration. In his pre-Budget speech in November 2002 the Chancellor announced some changes in the legislation regarding the claiming of corporation tax relief for payments into EBTs.

The bottom line is that there will no longer be a corporation tax deduction until the EBT pays the company employees and the payments will be liable to income tax and national insurance contributions.

Companies that were using EBTs largely to provide company directors with loans will no longer receive the corporation tax deduction.

However, EBTs can still be used as an efficient method of providing funds to directors. This is best illustrated through an example:

A Pharmacy Ltd has cash of £250,000, which has accumulated from profits after corporation tax during recent years. The company pays £250,000 into an EBT and the trustees of the EBT decide to lend Mr Shah, who is the director of the company, £200,000.

The tax position for the company is neutral, ie no tax deduction for the EBT payment and no tax liability on the payment.

Mr Shah has received £200,000 to use as he wishes. The only tax charge that Mr Shah would be liable to is tax on the notional interest on the loan, between £2,000 and £4,000 per annum depending on tax and interest rates. However, even this can be avoided with a little careful planning which Mr Shah would do.

Mr Shah can, therefore, receive £200,000 tax-free. Without the EBT, to extract funds from the company Mr Shah (assuming he owns the company shares) is likely to take a dividend (see box 1).

Spouse's tax efficient car

Because of the tax rules this scheme will only work for a pharmacist who is a sole trader or a pharmacist trading through a partnership.

If your spouse, or any other family member, is employed in your business on a modest salary of, say, £4,500 per annum (typically just

under the tax and national insurance threshold) you could provide them with a car.

As long as that person's total remuneration package is under £8,500 per annum, including the car benefit, they will not have to pay tax on this benefit.

To summarise: they can be provided with a salary of £4,500 plus a car totally free of tax. In addition the pharmacist will obtain tax allowances for the car and running costs.

Points to be aware of:

- the car benefit must be calculated accurately to ensure that the overall package does not exceed £8,500. It is worth taking professional advice on this. It may be possible, with a bit of number crunching on the overall package of salary plus car benefit, to purchase quite an expensive car of, say, £20,000 or more
- the person in receipt of the salary/car must do sufficient work in your business to justify their remuneration package.

Tax efficient cars for children

This one is for pharmacists operating through a limited company. Typically, if you have a child who is a student and you want to help them out by providing a car you can do so quite cheaply through your company. Your so-

Box 1

Comparison of EBT and dividend payments

	Funds via EBT	Funds via dividend
	£200,000	£200,000
Less tax	Nil	£50,000
Net funds to Mr Shah	£200,000	£150,000

Conclusion: In the right circumstances EBTs can still be very tax effective.

or daughter doesn't need to work for your business.

You will be taxed on the benefit of the car. However, if the car is carefully chosen, this can be quite cheap. Car benefits are based on CO₂ emissions so, if you bought a car for, say, £8,000 with low emissions, the tax charge would be 15 per cent of the cost.

You would be taxed on a benefit of £1,200 which, in terms of tax, would actually cost you a maximum of £480 per annum. All car expenses would be tax deductible through your company.

Spouse's allowances

It is tax efficient to make maximum use of your spouse's allowances. Many pharmacists have a spouse who has little or no income while the pharmacist is paying tax at 40 per cent. The question is: what can be done to address the balance?

Sole traders should consider incorporating their business into a limited company, which provides the opportunity for giving the spouse shares. If a spouse has shares, funds can be extracted very tax effectively through the payment of dividends. You cannot achieve this as a sole trader.

Your other option is to make your spouse a partner, but to do this the spouse must be a pharmacist.

If you are already trading through a company or thinking of incorporating but you are reluctant to give your spouse a significant shareholding in your company there may be a way around this.

Consider holding the shares in your company jointly with your spouse. However, you retain a beneficial interest of 99 per cent and your spouse 1 per cent. Because of a quirk in the tax legislation any dividends voted can be apportioned on a 50/50 basis between you both.

Capital gains exemption

If you own investments producing capital gains, such as a share portfolio, make sure that you and your spouse are both using your annual capital gains exemptions which are currently £7,700 per annum per person. This may mean transferring some assets to your spouse.

Tax effective school fees

You may want to get money out of your pharmacy to pay school fees. You could simply pay the fees out of your after-tax profits which, if you are paying tax at 40 per cent, is very expensive. However, if you operate through a limited company, there is another possibility.

The child's grandparent(s) buy some shares

in your company at the current market value. With careful planning this may not necessarily involve a huge cost. The grandparent(s) later decide to give the shares to the child or put them into a trust for the child.

The dividends paid on those shares are treated as the child's income against which they can set their personal allowances. The money can then be used for school fees.

Points to watch – this type of transaction must be seen to be an arm's length commercial transaction. If there is any kind of reciprocal arrangement between parents and grandparents it will not be effective for tax purposes.

In all types of tax avoidance it is essential to take professional advice. In each of the above examples I have only covered the very basic issues. There are many technical points to be addressed to make the tax planning effective. ☺

Anne Hutchings' next article will examine issues such as domicile, capital gains avoidance devices, how to make pension contributions even more tax effective, and enterprise investment schemes.

Anne Hutchings is a specialist accountant and tax consultant for retail pharmacists. She can be contacted on 01494 722224 or www.pharmacyexperts.com

Money matters

Q My elderly father is a widower. He is in poor health and now needs to go into a nursing home. He does have some money available in savings and a few investments, but not enough to provide sufficient income to pay the expected nursing home fees. What are the limits used to see if he qualifies for any help to pay these fees? He owns his home and has heard that he might have to sell it to pay for the fees and his has upset him. He would rather be able to pass his bungalow on to his three children. Can anything be done to help pay the fees at this late stage?

AP Nursing home fees are currently an average of just over £20,000 a year, and paying these is a problem and a worry to many people, including families of those in care or who may need long term care in the future.

Getting help to pay nursing home fees from the State is means tested. Currently, if you have assets of more than £19,000 you won't qualify for any

financial help from the local authority. Unfortunately, this calculation of assets includes any property, although this is disregarded for the first 12 weeks of care. Many of those needing long term care find themselves facing the fact of having to sell their home.

There are several effective ways you can consider to make plans to pay for possible future care home costs. Most need some forward planning using a lump sum or a monthly or annual contribution. However, some plans can help in your father's situation by providing for immediate care costs. They use a lump sum to buy a guaranteed income for life, usually from an annuity. This type of plan could reduce the likelihood of having to sell your father's home. In addition your father could look at the possibility of using a Property Trust in his will that may be able also to help protect his home from being sold to pay for nursing home fees.

Talk to an independent financial adviser as quickly as possible to find out all the options available. For a free guide to planning for long term care and using Property Trusts ring 0800 544 644.

Q In the past I was advised that shares always do better than other types of investments. This has meant that I have nearly all my investments in shares and have seen them lose value over the last three years. I am 67 and my income from these investments has reduced in a big way. Is it too late to move my money into less risky investment areas and can you give me some idea of what areas I should put my money into?

MN

A Although it is true that shares have done well in the past, it is always unwise to put all your money into just one area of investment. As you have found out, the future doesn't always follow the past and relying on a single investment area such as shares increases your risk if things do not go well. Most investors I speak to usually choose to invest for a reasonable level of growth or income rather than trying to chase the highest rate of return all the time. However, in return they don't want to take big risks with their money. This usually means

building a balance of investments by spreading money over several types of investments that could include some shares, fixed interest securities, UK Corporate Bonds, Property Funds and cash. To spread your risk even further you could consider using 'collective' investments such as insurance bonds, unit trusts, ISAs and investment trusts.

If your money is directly invested in shares then you need to be careful before cashing them in. Depending on how long you've had the shares there could be capital gains tax to pay. If you have already invested in collective investments you could find out if you can switch some of your money out of share based funds into other funds already mentioned. For a free guide to investing in a balanced way ring 0800 544 644.

John Cooper is an independent financial advisor with Weston Financial Group Ltd, which is authorised by the Financial Services Authority. Answers given are for general guidance only and specific advice should be taken before acting on any of the suggestions made. Past performance is not necessarily a guide to the future.

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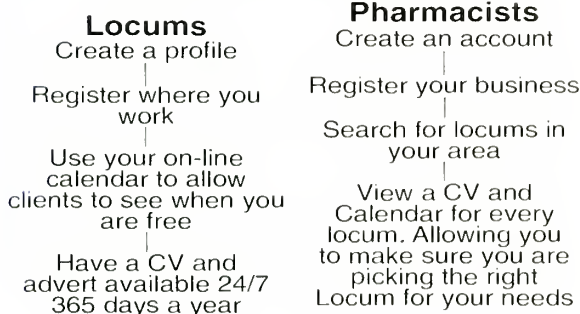
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Novartis OTC has appointed **Nick Evans**, formerly UK OTC marketing director, to the position of global brand manager for Otrivine, based in Switzerland.

Kevin White, head of OTC BU for Northern Europe (UK, Ireland, Nordics, and Benelux) has added to his current role the implementation of best sales practice across Europe, the Middle East and Africa. As a result, the



Michael Wheeldon

UK and Ireland OTC BU has been re-structured. **Michael Wheeldon**, formerly sales director, now assumes responsibility for the UK and Ireland and is promoted to OTC BU head (UK and Ireland). All commercial functions will report separately to Michael and, in due course, revised operating structures will be finalised, the company said.

No sex please, we're on the NHS

Once a week is not enough, a letter in the *BMJ* argued last week.

Criticising the NHS rationing policy allowing Viagra to be prescribed in insufficient quantities, the authors say the statistics should be looked at more closely. It seems the NHS made its Schedule 11 recommendation based on results of the first survey of self-reported patterns of sexual behaviour in the UK population over a four-week period.

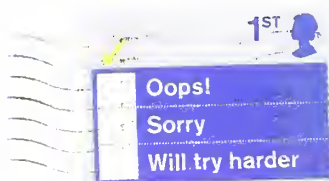
For the mathematicians, "one treatment a week leaves a distance between the relevant population norm and that offered by the NHS: 44 per cent of men aged 40-59 and 55 per cent aged 40-44 have a pattern of sexual activity not met by the Government's recommendation". The authors are calling for the NHS to review its policy and base it on age-related average frequency of sexual intercourse, "rather than recommending one treatment frequency for all".

It poses the question of other variable factors, for example the provocative exposed flesh of summer and the balmy summer nights, or mid-winter wincyette pyjamas and brushed cotton candy-stripe sheets. What's the climatologist's view on all this?

Ahem...

For those following the trial of a persistent cough and its occurrence on the television programme *Who Wants to be a Millionaire?*, surely this a great sponsorship opportunity for one of the OTC antitussive manufacturers. Are there any takers out there?

Spot the patch



Entries are flooding in for the 'Spot the patch' competition featured in the March 8 issue of *C&D* (p19). However, it is useful to include your name and address with any entry. One entrant did not. The stamp attached to the envelope seemed rather appropriate...

News just in

Cameroon is taking an interesting approach to alternative therapy, according to last week's *Sunday Telegraph*.

"A dramatic surge in the popularity of 'urine therapy' in Cameroon has prompted the government to ban its consumption and threaten persistent offenders with jail," ran the report filed by Jane Flanagan.

Oh for the MCA to have such powers...

Au revoir, but not goodbye

Health minister Lord Hunt's resignation on Tuesday caused the deputy prime minister John Prescott to say, fatuously, that he had never heard of him.

But that exposes Mr Prescott's failing to recognise a minister who, on balance, has been very good at his job. From our perspective, Lord Hunt was pro-pharmacy and a keen supporter of pharmacist prescribing. He was also keen to promote self-care and appropriate use of OTC medicines.

Philip Hunt rose through the ranks of NHS management, and was director of the National Association of Health Authorities and Trusts before becoming the first chief executive of the NHS Confederation.

He was ennobled in 1997, a shrewd move for the new Labour Government which benefited from having an NHS expert as part of its health ministerial team.

When pharmacy came into Lord Hunt's ministerial portfolio there was concern that the profession was being demoted in the eyes of the Government: why



Lord Hunt: keen supporter of pharmacist prescribing

can't pharmacy have a minister in the Commons, was the view. But it was pointed out that only the doctors were being left under the control of a Commons minister who would whip that profession into shape. The other professions were more amenable to change so the Department would be able to work constructively with them. Allegedly.

In the meantime, Lord Hunt unveiled *Pharmacy in the Future*.

He handed pharmacy over to Hazel Blears but retained responsibility for medicines and medical devices. He also addressed pharmacists directly, including speaking at a regional branch meeting in Birmingham one Sunday morning.

A 'cycling peer', Lord Hunt's interests include supporting Birmingham City Football Club and Warwickshire County Cricket Club. We wish him well.

Rowlands manager wins Pharmacy Travel trip to Paris

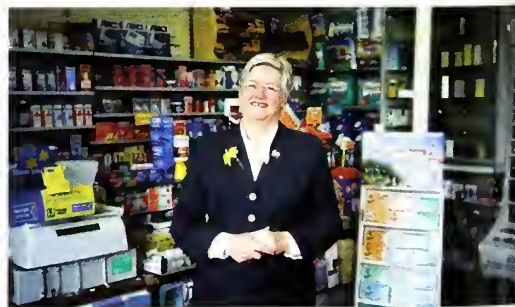
She was just a little bit sceptical when we spoke to her on the phone, but the confirmatory letter in the post convinced her it was not a wind-up...

Olga Forsyth, manager of Rowlands Pharmacy in Prestatyn, is going to Paris as the first lucky winner in the Pharmacy Travel monthly prize draw. Her prize includes travel by Eurostar and two nights in a four star city centre hotel. Among the attractions Olga intends to visit are the Eiffel Tower and the Sacré Coeur.

Olga has worked for Rowlands for six

years since arriving in the UK as the first South African pharmacist recruited by the company. Because she needed a visa to travel elsewhere in Europe, Olga has not been over the Channel. However, with her application for UK citizenship being processed, her holiday prize could not have come at a better time. "We'll have a ball!" she says.

For your chance to win this month's prize holiday - a week's fly-drive holiday for two in Andalucia - see *C&D* March 8 or the March issue of *Community Pharmacy*.



Olga Forsyth: off to see the sights of Paris

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